1 1	I	tem23 Fi /11/69 k	lmGhio DIVISION	M. N-OF VITAL RE	ARYLAND STATE	DEPAR	TMENT OF	HEALTH IMORE_MA	RYLAND 21	201			
FOR STATE			0399 First	The second second second	AL EXAMINE						0	3988	}
HEALTH DEPT.		ECEASED-NAME Type or Print)	HARR.		Middle		Last	NO. THE	(1)	KNOWN X		Year	2b. HOUR
d 3. to oge	3. SI	Υ 4	RACE	S. DATE OF BIR	JOHN AKKI	(In years	ABEL IF UNDER 1 YEAR	IF UNDER 24 HF	DEATH	PRONOUNCED D	er 5	89	3:25M
A C W XE					last	birthday) A	10 10		Mant Mant			Year 19	ZG. HOUR
P. 2. 0	7a. I	BIRTHPLACE (Stote of	white or foreign	7b. CITZEN OF WH	AT COUNTRY?		ED NEVER MAI	RRIED 9.	COUNTY OF D	EATH 5,1	769		3:25A
	coun	New Yor	k City	USA		WIDOW		RCED M	ontgome	ry			Md
offer deoth 8. Give Pages L olong with form with the Stote De Jeoth.				give.s	ame of hospital or in tree oddress) 000 Castle			during mo	st of working	(Kind of wark life, even if reti	red.) INDU		
Give and whith the the the the the the the the the t	Si	Iver Spr	ing (Where deceas	ed lived, if institu	000 Castle ution: Residence before	13c. CITY O	R TOWN 13	d. INSIDE CITY LIMITS	ssman	ET AND NUMBER	GV	it Pri	
W	O.	mission) STATE Marvla	nd	Montgo	mery		r Sprin	SES X NO [0 Cast]		Apt.	802
hours after deoth tem 18. Give Pages Office olong with for Cand 2 with the Stote, ofter deoth.		ATHER'S NAME	First	Middle	Last	1	S. MOTHER'S MAII	DEN NAME F	irst	Middle		Los	
4	16-3	He WAS DECEASED EVER	nry	CONCECT	Abel	0 117	Ma	ry			Bar	clay	-
		es, na, ar unknown)	(If yes give	war or dates of service)	16b. SOCIAL SECURITY N		INFORMANT Wife			ADDRESS			
d wit in pe I Exan File in 72		18. CAUSE OF D	EATH (Enter onl		ne far (a), (b), ond (c).)							APPROXIMATE BETWEEN ONSET	
ould be executed word "pending" in the Chief Medicol E. riol-tronsit permit. F. ony event within		PART I. DEA	TH WAS CAUSED	BY: TE CAUSE (a)	Acute pul	lmona	ry embo	lus, b	ilater	al,		DEIMEEN ONSEI	ANO UEATR
e execute pending" ef Medico sit permit		Cardinians if an	hitely amount to	DUE TO, OR	AS A CONSEQUENCE OF due to an		aaidant						
	X	Canditians, if any rise to immedia	te cause (a), ((b)	AS A CONSEQUENCE OF	uco a	GCTMGUC						
		stoting the under	rlying couse	(4)	AS A CONSEQUENCE OF								
This certificate should cate, writing the word be forwarded to the Cl be used os o buriol-tropressor removol, and in any	8	PART 2. OTHER SIG	NIFICANT COND	ITIONS CONTRIBUT	ING TO DEATH BUT NOT	RELATED TO	THE TERMINAL D	ISEASE OR CON	DITION GIVEN IN	N PART I(a)			
certification writing to orwarded used os o movol, on	NOI	190. DATE OF OPE	DATION		19b. CONDITION FOR W	UICU ODEDA	TION					20. AUTOPS	(2)
This certificate icate, writing the be forwarded to de used as a or removal, and	CERTIFICATION	190. DAIL OF OFE	KATION		WAS PERFORMED?		IIION					YES Y	NO 🗔
<u></u>		210. EXTERNAL CA	JSE WAS	21b. TIME OF	INJURY Manth, Day, Year	21c.	HOW INJURY OF	CURRED (Enter-	nature of injury	in Bort Lor A	act 2, Item 15	-	
INER: Time certifice should be files. 3 should notion, or	MEDICAL	PRIMARY OR CAUSE OF DEATH		Pi		9	which a	nother	car s	struck	No.		
XAMINER: ite the certifie the should your files. Coge 3 should cremotion,	W	21d. INJURY OCCUP WHILE NOT AT WORK AT WORK	WHILE TO TOO	PLACE OF INJURY (tory, affice buildin	At home, form, street, g, ex.treet		reentre		,	or Town	ntgem	erv	State Md.
7 0 7				nok charge of t	he remains describe			- 11-11-11	Inspection		iry (y apinion
ICAL E executor. Pa ed for CTOR: burial,		death resu			ses Aetident	and	Suicide ,	Homicide [termined mo		did iii iii	у ариноп
direct to the second to the se		ACTIVAL	171	11	[]//	A	CHIE	EF MEDICAL EXA	MINER				
· · ·	1	SIGNATURE /	Sele	el l	100	295		ISTANT MEDICAL		221	DATE SIGNE	D	
O DEPUTY necessory, p the funeral of S may be re o FUNERAL I Heolth prior		EXAMINER'S NAME (Type)	3611	DEN	K Af	DD	M. ADD	DRESSISTING CIT	y town or cou	inty) Ma	reh	5,19	169
necesso the fun 5 may TO FUNE Heolth	230.	BURIAL, CREMATIC		DATE	23c. NAME OF	CEMPTER O				(City ar Tawn)	(Cour	nty) (S	late)
	Bu	REMOVAL (Specify	7	8-69 P	Gate	of H	eaven	lan and		er Spr			
VR A15ME (5)	7	557-Wis	consi	n Ave.,	mphrey _{ADDRE} Bethesd	a, Mo	i.	2So. REC'D BY	REGISTRAR 6 196		TRAR'S SIGNA		
10M REV. 1/68N XX	0.0							DAMESS BE S	100	UIA	- Carl	The state of the s	

mention from the space of the special property of the space of the spa STATE OF THE PROPERTY OF THE P c t o not 5 the 000 Jack 1 178 ,可以为此的,我们就是一个人的,但是他们的,他们就是一个人的,他们就是一个人的。 the temperature to the same to see a second

_6		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	I.	tem6 FilmG411 4/11/69 kk CERTIFICATE OF DEATH	03989
death.		ECEASED-NAME Type or print) First Middle Lost ADAMS 20. DATE OF DEATH Month 2Day	yeor 2 25 M
7 7	3. S	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS. IONTHS DAYS HOURS MIN.
in bours	7a. 000	BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED MONTES CAN	24
within 24 san paper within 7	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY D/A STepen
ore be executed within a cian and campletely fille base remove carban parand in any event, within	odm	USUAL RESIDENCE (Where deceosed lived if institution: Residence before ission) STATE MD. 13b/COUNTY BALT. BATIMEN YES NO 3203 N. Ch.	Anles ST.
De ex n and d in an	14.	FATHER'S NAME First, Middle Lost ADAMS IS. MOTHER'S MAIDEN NAME First Middle HARTIET W. /	Beck with
rhificate on pleas ival, on	160	WAS DECEASED EVER IN U.S. ARMED FORCES? (es, no, or ynknown) (If yes give war or dates of service) (If yes g	130 Li.MD.
Page 4 may be retained by the haspital or attending physician. 10 FUNERAL DIRECTOR: After this cartificate has been signed by the attending physician and campletely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please-remaye carban pagers, pags should be filled with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 flours (the		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove nise to immediate couse (o), stoting the underlying couse (o), lost.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
by the haspital or attending physician. by the haspital or attending physician. ffer this certificate has been signed by be detached for use as the burial-transtate Dept. of Health priar to burial, cre	NC	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
The lay attend has be use as the prior	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
SICIAN: spital or prificate ed for u	MEDICAL CE	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item Office ither, notify medical examiner) 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item Office ither, notify medical examiner) 19	n 1B.)
G PHYS the has this ce detach	W	of work of work	County Stote
TTENDIN ined by OR: After auld be auld be		22a. I certify that (I) (this hospital) attended the deceased from 1900, and that in (my) (out) opinion death occurred on the date causes stated above, (I) (we) (did) (did not) view the body ofter deoth.	, that (I) (ws) lost ond hour and from the
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the shauld be filed with the State Dept. af Health priar to		22b. SIGNATURE LA LOCAL DEGREE ATTENDING MED. DIRECTOR STAFF 22c. DA DIRECTOR DIRE	TE SIGNED 31-69
O HOSPITAL Page 4 may O FUNERAL director, pag should be fi	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
VR A15 41 45M - 1 69	24.	FUNERAL DIRECTOR ADDRESS BIAIR PD 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIG	
45M - 1/69		LASSAHNN FUN. HO me - BALT MD. DAMPR & 1969 yours	to judge.

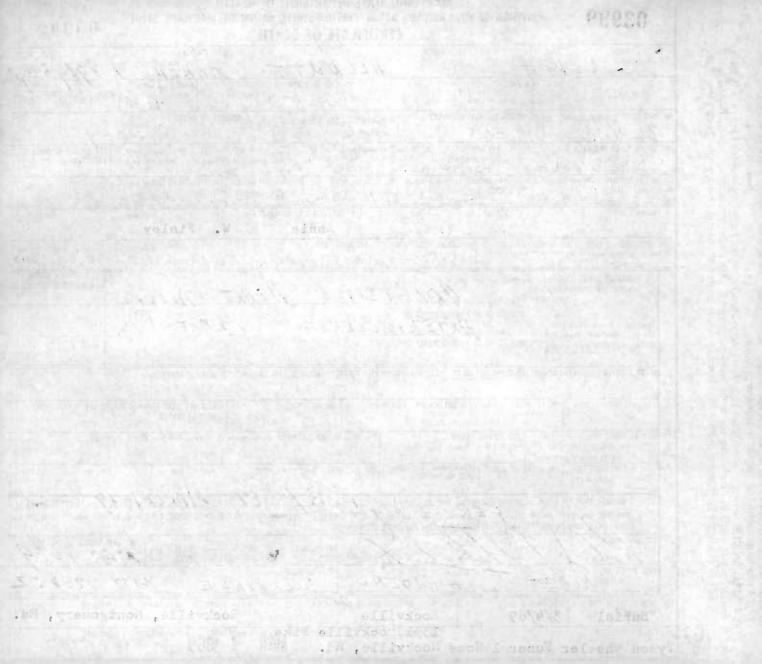
the contract of the second state of the second The state of the s

	1		MARYLAND STATE DEPARTMENT OF HEALTH	
<u> </u>		03997	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
0		119990	CERTIFICATE OF DEATH	03990
4 2.4		ECEASED-NAME / First	Middle Lost . 20. DATE OF DEATH	2b. HOUR
eat supplied	(Type or print)	on Edmond Adoms Month	oy Year 320
5 5	3. 5		4. RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER YEAR IF UNDER 24 HRS.
# 254		m-1-	last birthday)	MONTHS DAYS HOURS MIN
y the Page 1	70	BIRTHPLACE (State or foreign		S.
hours in by t irs. Pa	COU	nity)	75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
filled in papers.	1	VEW YORK	USA WIDOWED DIVORCED MONTGOMER	4 Md.
executed within 24 hours after death and completely filled in by the tuneral emave carban papers. Pages, 1 and 2 any event, within 72 hours after death	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 12a. USUAL OCCUPATION (Kind of work dank during most of working life, even if retired.)	
icate be executed within sirian and completely follows remays carban II, and in any event, with		AKOMA TAK	1 Vashington DAN + HOSA PRINTEC	INDUSIKI
be of the	13a.	USUAL RESIDENCE (Where deceo	sed lived, if institution: Residence before 13c. CITY OR TOWN 3d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	01 1
S e e e e e e e e e e e e e e e e e e e		MARYLAN	Mentgomery Takoma PartyES NO 7810	JARLAND AUE
ana ana in an	14.	FATHER'S NAME First	Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
be call		FRED	Adams Mattie	Wher Irp
icate bisician sician please I, and i	160	WAS DECEASED EVER IN U.S. ARI	MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	V1162.66
ATTENDING PHYSICIAN: The law requires that the death certificate be executed etained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and camplet shauld be detached far use as the burial-transit permit. Then please remave carriet the State Dept. at Health priar ta burial, crematian, ar removal, and in any event.		'es, no, or unknown) (If yes give v	var or dates of service)	
ne death certific attending phys permit. Then p ion, ar removal,		18 CAUSE OF DEATH (Enter on	ly one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL
din din		PART I. DEATH WAS CAUSE	DBY: mon of	BETWEEN ONSET AND DEATH
ne deatl attendi permit. ian, ar r	1	7123 IMMEDI	The Cross (o)	
tiar be		Conditions, if ony, which gave	DUE TO, OR AS A CONSEQUENCE OF	
at the the nsit promatic		rise to immediate couse (a),	(b) / recurrence of excessions	
by cre		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	1000
OR ATTENDING PHYSICIAN: The law requires that the be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by the ge 3 shauld be detached far use as the burial-transitied with the State Dept. af Health priar ta burial, cremat		last.	Devel Ustoporous I struct + Kheemoto	of Certhust.
equ phr sign bur bur		PART 2. OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ing ing sen the	3			
the law ratending attending has been se as the h priar ta	CATI	19o. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The aff	CERTIFICATION	ELA WEST	YES NO CAUSES OF DEATH?	
or or ate		210. ACCIDENT WAS UNDERLYIN		, Item 18.)
CIA Figure 1 Figure 1	MEDICAL	OR CONTRIBUTING CAUSE OF DEAT	HOURA.M. Month Doy Yeor ner) P.M. 19	
YSI dasp cer thec	ME	OLI MUUDY OCCUPATO	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town	County State
PH he	-	While Not while of work at wark	TOFFICE BUILDING, ETC.	
NG Y # Be e d ate ate			is hasnitall attended the deceased from 2-17 1069 to 3-25 1	0 / 4 that //\ /wa\ !
A Aft be Started		saw the deceased a	is hospitol) attended the deceosed fram 2-17, 1969, ta 3-25, 1 live an 3-3, 1969, and that in (my) (our) opinian deoth occurred on the d	Inte and hour and from the
OR:		causes stoted obave	e, (I) (we) (did) (did not) view the body ofter deoth.	
R ATTEN retained RECTOR: 3 shauld with th		22b. SIGNATURE	ATTEMORIES ANTENDING AND STATE 220	. DATE SIGNED
OR DIRE		101110	Tame DEGREE ATTENDING MED. STAFF DIRECTOR DIRECTOR PHYS.	
AI C		22d. PHYSICIAN'S	22e. ADDRESS	0, 101
ERA FRA d be		NAME (Type) Geor	ge M. Grames 7600 Carroll Ave. Jak	oma Park, Ma.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar ta	230.		DATE 23c. MAME OF CEMETERY OR CREMATORY 23d. LOLATION (City drawn)	(County) (Stote)
o Page	-	REMOVAL (Specify)	of 37-1969 feek know throught as Albert Danie	Marta - MI
0.0	24.	FUNERAL DIRECTOR	ADDRESS) A 2 -1250 RECID BY REGISTRAR 250 REGISTRAR	'S SIGNATURE
VR A15	1	DELLUZ WOT	ex s 254 Derroll St. 1 MARV2 7 1969 Ville	.0.6
101	11	- Jinu	TOALC . TOO	Clay Vacdal

on the lateral and the lateral feet and the lateral regen TO SECOND VERY ASSESSED TO SECOND

- 1	It	18&22a Film 411 MARYLAND STATE DEPARTMENT OF HEALTH 17-69 ams Division of VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	0.0.0	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	0399	11
HEALTH DEPT.		ECEASED-NAME First Middle Last 2a. DATE KNOWN Manth	Ooy Yeor	2b. HOUR
3 to Page ent of	(JACQUELINE M ADDISON OF ESTI- OEATH MATED A 3 2	6 169	12:30
deloy is ond 3 to M3. Page tment of	3. \$	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD		2d. HOUR
ny dela 2, and PM3. I	F	emale Negro 11/18/68 Jumos YRS. 4 HOURS MIN Month 3 26 Doy	Yeor 6919	12:30
		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED \ 9. COUNTY OF DEATH		
form (De De	COUR	B thesda Md. USA WIDOWED DIVORCED Mangtomery		Md.
to of	10. (12b. KIND OF BUS INDUSTRY	NESS OR
D 0 > C / 1		lver Spring Holy Cross Hospital minor	INDUSTRI	
s ofter de Give F clong w with the deoth		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. TITY OR TOWN dmission) STATE 13b COUNTY 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER		
hours office and 2		Maryland // Mongomery Rockville Md " x" 102 Dawson Av		id.
hours Item Office ofter	14. 1	ATHER'S NAME First Middle Lost - IS. MOTHER'S MAIDEN NAME First Middle Delorse V.	Watsor	
rr's rr's	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS		
within pencil xamine ile pag	()	(es, no, or unknawn) (If yes give war or dates of service)		
d with per Exarr File		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).)	APPROXIMATE	INTERVAL
be executed "pending" in nief Medical E ansit permit. F event within		PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET	AND DEATH
e execute pending" ef Medical nsit permit. vent withi		746.0 IMMEDIATE CAUSE (o) OUTGETTE THE TOTAL T		
pel "pel "pel "pel "pel "pel "pel "pel "		Conditions, if ony, which gove) by left lower pulmonary artery		
L-tra		rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF		
e should be e the ward "per to the Chief I b buriol-transit nd in ony even		lost. communication with left atrium		
9 = = 0 D		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)		
writing writing rworded sed os lovol, or	N		11.150	- 1
nis certific ite, writin is forword oe used o removol,	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY	?
This of itote, be for d be u	RTIFI		YES	NO 🗍
4 0 0		216. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor PRIMARY OR CONTRIBUTING HOUR A.M. 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Ite	em 18.)	
INER: e certifi should files. 3 should ation, c	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County	Stote
EXAMINER: cute the certing age 4 should ryour files. Poge 3 should, cremation, 1, cremation,	-	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, foctory, office building, etc.) AT WORK AT	County	21016
ICAL EXAMINER: Execute the certifor. Page 4 should ad for your files. CTOR: Page 3 should burial, cremation,				
CAL exe or. P d fo TOR		22a. I certify that Loak charge af the remains described aboye, held an Autapsy . Inspection . Inquiry death resulted from: Natural causes . Accident . Suicide . Homicide . Undetermined manner		/ apinian
please explease explease explease. I director. retained. DIRECTO ion to but				
ITY, pleose erol direction be retain RAL DIRE		ACTUAL SIGNATURE CHIEF MEDICAL EXAMINER 221/DATE:	SIGNED	
Dry, be be pri		M.D. DEPUTY MEDICAL EXPANSION 3/ 2/	1/10/	0
necessory, please execute the funeral director. Page 4 5 may be retained for your to FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S DELOEN LEAD (40) Appress treet country	7176	7
Te Te	230	BURIAL CREMATION 236 DATE 236 NAME OF CHAFFERY OR CREMATORY 234 LOCATION (City of Town)	(County) (Si	ote)
		BURIAL 3-29-69 ASh Memorial Sandy Spring	Monto	, Md
OK.		FUNERAL DIRECTOR D ADDRESS 250. RECID BY REGISTRAR 250. REGISTRARS		
10M REV	K	obert L. Snowden Kockvelle Md APR 3 1969 Schools	o Judge.	

	THE RESERVE OF THE PROPERTY OF THE STREET STREET, THE
21 % 8 21 4 6 12	MERCHANIE M. MOLINOAU
er 66 32 F	Louis de la
	Tillyar sains Holy Saus Vanish value with
Joseph Paragent Sul.	of a life of Control Control of the American State of the American
. http://www.inch.ucomple	
	Standard in a partial of the season of the s
The state of the s	



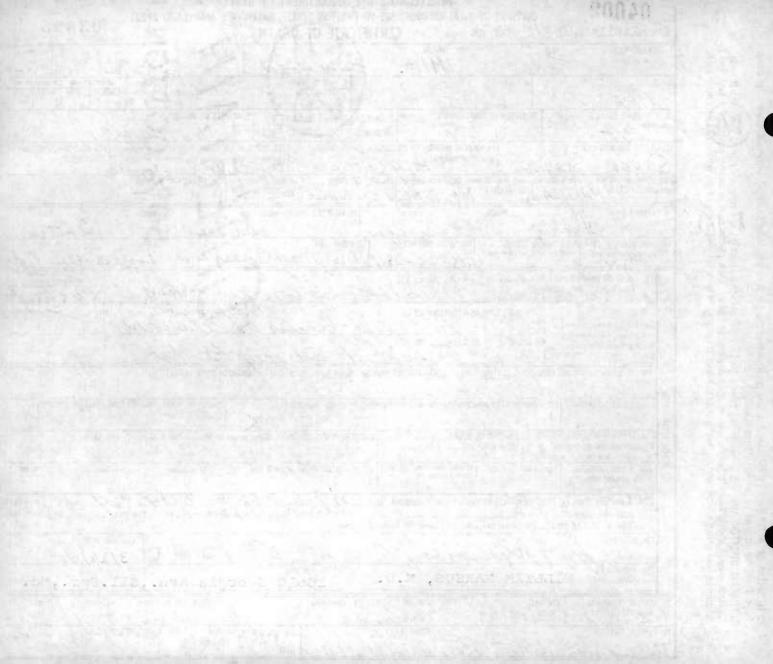
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03993 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 2a. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) delay is ond 3 to M3. Poge OF ESTIto DEATH MATED Department IF LINDER 24 HRS AGE (in years 1 YEAR 2c. DATE PRONOUNCED DEAD 3. SEX 4. RACE 5. DATE OF BIRTH 2d. HOUR. PM3 MONTHS DAYS HOURS Year 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH should be forworded to the Chief Medical Exominger's Office olang with form country' WIDOWED DIVORCED [Give Poges 10, CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in bospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) with 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER odmission) STATE 13b. COUNTY NOF YES in Item 1 2 hours offer ouo Middle 14. FATHER'S NAME AS. MOTHER'S MAIDEN NAME First Middle Lost pages pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS (Yes, no, or unknown) (If yes give way or dates of service) File 2 within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). permit. BETWEEN ONSET AND GEATH PART I. DEATH WAS CAUSED BY "pending" hrs thrombosis oranaru IMMEDIATE CAUSE (a) any event DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if only, which gave thuoselerosis rise to immediate cause (a), certificate should DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 2 writing the puo PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Myocardial removal, CERTIFICATION nsed 19g DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificote, YES X NO T pe 10 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f, LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) FUNERAL DIRECTOR: Page 22a. I certify that I took charge af the remains described above, held an Autopsy Inspection X Inquiry X and in my opinian director. Accident . Suicide Homicide death resulted fram: Natural causes Undetermined monner please CHIEF MEDICAL EXAMINER prior **ACTUAL** 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funerol SIGNATURE moy be DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy ro FUNE Heolth JOHN G. BALL, M.D. NAME (Type) ADDRESS(Street, city, town, or county) BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify)
BURIAL RAINELLE. MARCH 18.1969 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE um m. Whoop VR A15ME (5) FUNERAL HOME-1300 -N STREET. N.W. 10M REV, 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

TARREST DIVINE SEE SHOOT TO WE SEED WITH SHOOT THE SEED OF THE SEE A. HOLLING COLUMN METATION OF THE PARTY OF THE PA

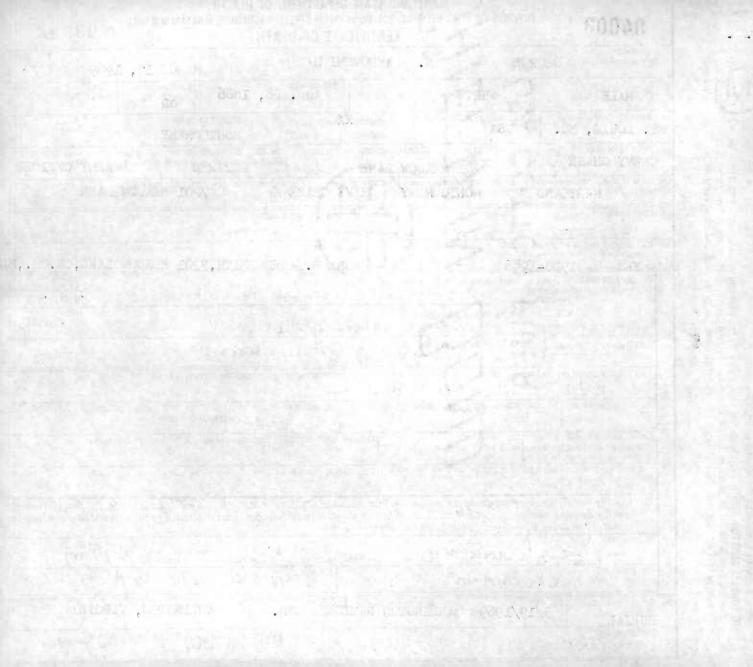
THE PARTY OF THE P nvir ondenie Ka The first of the second of the wordspecially from the accession at the Anna Tree Conference . H. E. W. W. W. W. Contracting the contraction of The Later of the Later of the second transfer to the second transfer to the day of the later of three was the soul that the

/ 1/	04002 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
4 16	Iteml FilmG410 3/27/69 kk CERTIFICATE OF DEATH 03995
10 - NE	1. DECEASED-NAME First Middle Lost 2a. DATE OF DEATH 2b. HOUR
er deat funeral 1 and ter deat	(Type or print) JAMES MILE ANDERSON Month Day Year 1969 5-15AM
s after death. The funeral ages 1 and 2 is after death.	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years lef under 1 year if under 24 Hrs. Min. 1/3/15 7/3/15 7/3/15 7/8.
A RA	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 de	MA. CI. D. CI. WIDOWED DIVORCED TONTGOMERY Md.
within within bon poon pour printing 8	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if settined.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if settined.) 13. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if settined.) 14. NAME OF HOSPITAL OR INSTITUTION (If not in haspital during most of working life, even if settined.)
campletely dive carbai	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITY Admission) STATE MARGILANI 13b. COUNTY MONTCOHERY POOLESUILE YES NOTE:
cate be execut stron and cam please remave , and in any ev	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Henry Anderson Susie 2 attention
physkian physkian en please oval, and i	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or doiles of service) 218-30-3863 Mrs. Mal Anderson Looles wille Md
that the death certifi on. by the attending phy transit permit. Then crematian, ar remova	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN OMSET AND DEATH
ne death ce attending I permit. Th	IMMEDIATE CAUSE (a) 10 South Company of the Company
it the the the all the	Canditians, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave)
that in. by th ansi	rise to immediate couse (o). stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the physician. signed by the burial-transit purial, crematin	last. (1) repeated sugary tot D/
e law requires th trending physician as been signed by as the burial-tra priar to burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OPCONDITION GIVEN IN PART 1(0)
The law ratending has been se as the th priar to	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
r afte e has a lath pr	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO X CAUSES OF DEATH? 21d. ACCIDENT WAS UNDERLYING 121b. TIME OF INITIRY 121c. HOW INITIRY OF CHIRDED. (Fester poture of initiry in Part 1 or Part 2 Items 18.)
AN Sicolar Control	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) Control of the contr
	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State at wark of wark
ren Ding ned by the R: After to buld be d	22o. I certify that (I) (this haspital) attended the deceased from 1/6, 1968, to 3/14, 1960, that (I) (we) last
DR: A auld a the	saw the deceased alive on19, ond that in (my) (our) opinion death accurred on the date and hour and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death.
OR ATTENDIN be retained by DIRECTOR: Afte e 3 shauld be ed with the Sta	226. SIGNATURE ATTENDING MED. STAFF PHYS. 22c. DATE SIGNED 3/14/69
V be age filed	224 ADDRESS
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 shauld shauld be filed with the	NAME(Type) WILLIAM MARCUS, M.D. 10620 Georgia Ave., Sil.Spr., Md.
HO age Fun	23a. BURIAL (REMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Caunty) (State)
E-E 00	24. FUNERAL DIRECTOR ADDRESS 250. REC'D RY REGISTRAR'S SIGNATURE
VR A15 (1) 30M REV. 1168	William 13. Hillon Bayrasville, Mc DATE MAR 18 1969 filiantes Indge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04003 03996 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle M. ARROWSMITH 20. DATE OF DEATH death. 2b. HOUR GEORGE (Type or print) MARMOR' 17. Do1969 Year hours after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS. Aug. 28, 1886 WHITE MALE last hirthday) 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 9. COUNTY OF DEATH remove carban papers. 'STY LOUIS, MO. USA MONTGOMERY and in ony event, within 72 WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) 7201 MEADOW LANE CHEVY CHASE during most of working life, even if retired.) ARMYRYOFFICER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE MARYLAND 13b. COUNTY MONTGOMERY 13c. CITY OR TOWN 13d INSIDE CITY LIMITS?

CHEVY CHASE(SX) NO 13e STREET AND NUMBER 7201 MEADOW executed 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Middle CHARTRAND ARROWSMITH OSETTA SEORGE 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (If yes give wor or dates of service) Yes, no, or unknown) burial, cremotion, or removol, 220-44-5825 ANNE R. ARROWSMITH, 7201 MEADOW LANE, CH. CH., MD 1908-1946 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Right middle DUE TO, OR AS A CONSEQUENCE OF signed by the o Conditions, if ony, which gove) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF 4 moy be retained by the hospitol or oftending physicion. stating the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) for use os the b hos been s 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO TO 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH Manth Day Year HOUR A.M. State Dept. of (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work TO FUNERAL DIRECTOR: After 1969, and that in (my) (aur) apinian death accurred an the date and haur and from the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE DEGREE DIRECTOR 22d. PHYSICIAN OSCAR MANN M.D. NAME (Type) 23d. 10CATHALENGTON, VIRGINIA ARLINGTON THATTOWAY CEM. 23a. BURIAL, CREMATION, 3/19/1969 REMOVAL (Specify) 24. FUNERAL DIRECTOR
505, GANLER'S SONS 5130 WIS AVE, WASH, D



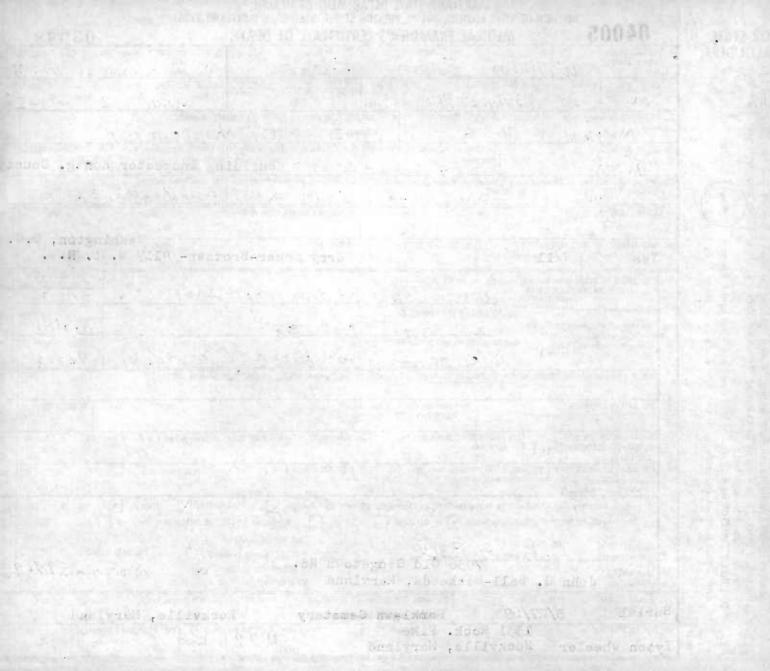
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 03997 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) 2, and 3 to PM3. Page OF ESTI-DEATH MATED VERNON SHIELDS AULD 3. SEX 4. RACE S. DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD Male White 1-21-88 YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED A NEVER MARRIED 9. COUNTY OF DEATH Item 18. Give Pages 1, Office along with farm Md. WIDOWED USA DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark dane | 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY
Retired Accountant give street address) Zakoma Park Wash.San. & Hop. 13e. STREET AND NUMBER Silver Spring, Md 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN land 2 with 13d. INSIDE CITY LIMITS? admission) STATE 13b. COUNTY Md. Mont. S.S. 1123 Corliss St. YES NO after First 14. FATHER'S NAME Last IS. MOTHER'S MAIDEN NAME First Middle Edwin Kuld Emma Shields e certificate, writing the word "pending" in pencil in should be farwarded to the Chief Medical Examiner's hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT ADDRESS (Yes, no, or unknown) (If yes give war or dates of service) 220-44-7558 Mary Jane Audd, 11112 Ralston Rd., Rocktille. File APPROXIMATE INTLEVAL 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) be executed PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS-A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate cause (a). any certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 OS 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES [21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year shauld PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street ar R.F.D. Na. City or Town County Stote foctory, office building, etc.) WHILE NOT WHILE T 22a. I certify that Ltaak charge of the remains described above, held an Autopsy ... Inspection Inquiry D and in my apinian Natural causes X. Accident death resulted frame. Suicide | Hamicide Undetermined manner CHIFF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED SIGNATURE 5 may b DEPUTY MEDICAL EXAMINER **EXAMINER'S** NAME (Type) 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) REMOVAL (Specify) Rock Creek Cemetery 1969 Washington, D Surial 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME (5) Pumphrey. 1969 Inc. Williams of Vergo Silver Spring. Md.

MAKILAND STATE DEPARTMENT OF REALIN

Francis Toll Time see		THE RESERVE		
appli edito salto		2 1 2 2 1 - 15 - 1	11111	6 C
The water and the state of the				
		TATION WHENCE		TO MINE AT S
Die BROSENCH STERNEN	La contrata notation		190	e als.
TANG DATES SE	Same and the same a	.datox		
1129 Chelific St.				
			500	
(Wilson) The state of the State (A few Arms, and the			
	8 46			
		William of Built		
				Section 1

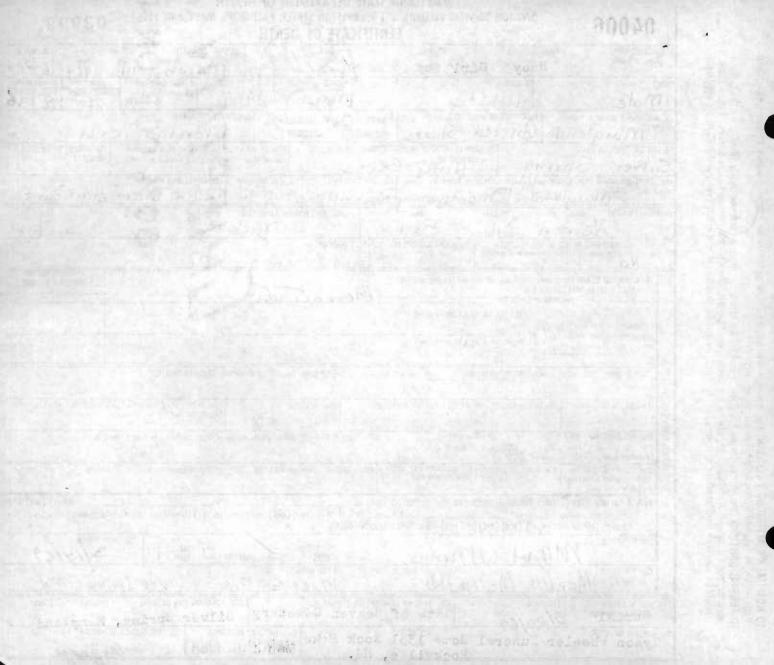
1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	T	04005 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	03998
HEALTH DEPT.	Įī.		
is de de		(Type or Print) William Edwin Baker DEATH MATED & Maid	1 21 1969 78M
delay and 3 and 3 dent	3	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years I FUNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
an de		M. July 27, 1916 (52 YRS.) MONTHS DAYS HOURS MIN. Month March Day 2	2 Year 1969 45 M
2, 2, P		D. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
e De	((Maryland. 21.5.4. WIDOWED DIVORCED Montgomery	Mc
ath th f Stat	10	D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done)	12b. KIND OF BUSINESS OR
after death 8. Give Pages 1, along with farm with the State De	L	Rockville give street address) Beall Ave. during most of working the even if several address.	Montg. Count
long Gir	13	Da. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	. /
		admission) STATE Mary bad 13b. COUNTY Montgomery Rockville YES \$\omega\$ NO \$\omega\$ 504 Beall A	ve_
24 hours a in Item 18. r's Office al	14	. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Last
24 ris ces	L	Jessie Boker Work	ington D.C.
This certificate shauld be executed within 24 hours cate, writing the ward "pending" in pencil in Item be forwarded to the Chief Medical Examiner's Office be used as a burial-transit permit. File pages (and our remaval, and in any event within 72 hours after a	16	o. WAS DECEASED EVER IN U.S. ARMED FORCES? (YF. So unknown) W. T. March of dotes of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Perry Baker-Brother- 4117 W.	St. SN.W.
ould be executed with variety of the chief Medical Exar al-transit permit. File any event within 72	Г	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH
e execute pending" ef Medica isit permit		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Gastro Intestinal Hemorrhage-Massive	5min.
exe endi Me it pe		DUE 10, OR AS A CONSEQUENCE OF	4.1
be "p		(anditions, if any, which gave) rise to immediate cause (a). (b) 650 Phageal Varices -	Months.
vard vard one C al-tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
e shauld be executed the ward "pending" is ta the Chief Medical is burial-transit permit. Id in any event within		lost. (a) Cirrhesis of Liver (Lzannec's)	Yezrs.
This certificate shauld ficate, writing the ward be forwarded ta the Cl do be used as a burial-tr ar remaval, and in any	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifica orwardec orsed as maval, a	CEDTHEFCATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This create, be for a few and the contract of	THEF	WAS PERFORMED?	YES NO
#E - P 0			ım 1B.)
INER: T e certifica shauld b files. 3 shauld atian, ar	MEDICAL	CAUSE OF DEATH P.M. 19	
3 + s e	2	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, while Not while not write building, etc.)	County State
XA Jite ge yau yau cre		AT WORK AT WORK	
ICAL E executor. Pay ed far CTOR: b		22a. I certify that I took charge of the remains described abave, held an Autapsy 🔀, Inspection 💢, Inquiry 🔀	
Se e ctor ctor ned ned ECT		death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🔲, Homicide 🔲, Undetermined monner (
TY please and direct set aline to lear to learn to lear to learn to lear to le		ACTUAL OD R R 10 CHIEF MEDICAL EXAMINER C	
YY. F		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER ZZD. DATE S	
DEPUTY SICAL EXAM ecessary, please execute the funeral director. Page 4 may be retained for your FUNERAL DIRECTOR: Page		EXAMINER'S NAME (Type) John G. Ball-Bethesda, Maryland Address(Street, city, town, or county)	ch 23,1769.
necessary, pure funeral 5 may be r ro Funeral Health principle.	2		(County) (State)
1	i	Buffard (Specify) 3/27/69 Parklawn Cemetery Rockville, Mary	. , , ,
No.	2	4. FUNERAL DIRECTOR 1331 Rock Pinders 1250. REGISTRAR 25b. REGISTRARS S	
VR A15ME (5)	13	4. FUNERAL DIRECTOR 1331 Rock. Piress 250. REGISTRAR'S S. Park MAR 26 1969 25b. Park	les judge
1000	-		

MAKILAND STATE DEPARTMENT OF HEALTH

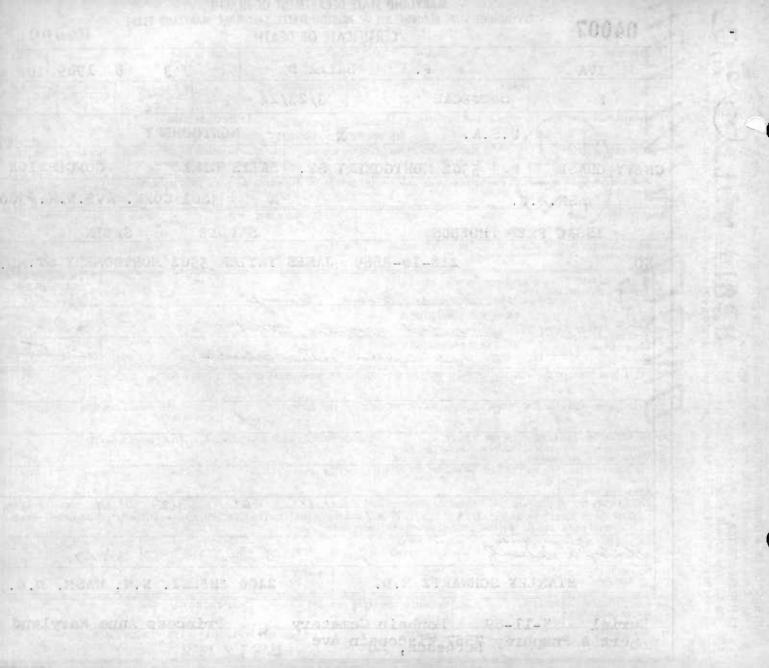


		04006	DIVISION O			STON STREET, BALTI	MORE, MAR	YLAND 21201	0399	9
		CEASED-NAME Fire	st	Middle		Jost /	20. DATE OF			2b. HOUR
(S)	(1	ype or print)	Baby /	dibl/ Boy	T.	SAII	Ma	Month Day	1969	635p
	3. SE		4. RACE	T		DATE OF BIRTH		6. AGE (In years last birthday)		IF UNDER 24 HRS.
30	1	Nale	Whi	ite	10	Narch 14,10	167	YRS.	months onto	Hours Min
	7o. E	IRTHPLACE (Stote or foreign try)	7b. CITIZEN OF			HEACK WINKKIED	9. COUNTY OF			
		1110000010	Unite		WIDOWED [1110	Kind of work done		M
00	5	ilver Spri	ing giv		ROSS	during mo	ost of working I	fe, even if retired.)	12b. KIND OF B INDUSTRY	JUSINESS OR
15	13o. odmi	USUAL RESIDENCE (Where dece	losed lived, if instituted lab. COUNTY	ution: Residence before		Ille YES IN NO	153	EET AND NUMBER	field C	burt
7	14. F	ATHER'S NAME First	Middle	Lost	15. /	NOTHER'S MAIDEN NAME F		Middle		Lost
		Verno			liz ne		ckey	Lee	7	isler
	160. Y	WAS DECEASED EVER IN U.S. A es, no, or unknown) (If yes giv	RMED FORCES? e war or dates of service)	16b. SOCIAL SECURITY NO). 17. INF	mother		Address		
		18. CAUSE OF DEATH (Enter	only one couse per	line for (o), (b), ond (c).)	0	1			APPROXIM BETWEEN ON	NATE INTERVAL ISET AND DEATH
1		PART I. DEATH WAS CAU!	SED BY: DIATE CAUSE (o)		One	maturely				
9		177X		AS A CONSEQUENCE OF						
16		Conditions, if ony, which governse to immediate couse (a)	(b)_				100			
		stoting the underlying coust		AS A CONSEQUENCE OF					1 30	
	4	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRI	BUTING TO DEATH BUT NOT	T PELATED TO T	HE TERMINAL DISEASE OR (ONDITION GIVEN	IN PART I(a)		
		PART 2. OTHER SIGNIFICANT C	CHOITION CONTINU	DOT NO	I KLENIED TO I	THE TERMINAL DISEASE ONE	ONDITION OFFER	11 1 101		
	CERTIFICATION	190. DATE OF OPERATION 19	b. CONDITION FOR V	HICH OPERATION WAS PERI	FORMED	20a. AUTOPSY?		YES, WERE FINDINGS CO	ONSIDERED IN CEI	RTIFYING
2	TIFIC					YES NO 🔀	CAUSES	OF DEATH?		
		210. ACCIDENT WAS UNDERLY			21c. HOW	INJURY OCCURRED (Enter		y in Port 1 or Port 2, I	tem 18.)	
	MEDICAL	OR CONTRIBUTING CAUSE OF D	miner) P.N	1. 19						
	ME	21d. INJURY OCCURRED 21 While Not while of work	e. PLACE OF INJUR			TION Street or R.F.D. No.		or Town	County	State
		220. I certify that (I) (sow the deceased	this hospitol) o	ttended the deceosed	from	, 19	, to	, 19.		(I) (we) lo
		sow the deceased	alive on	l) (did not) view the b	ody ofter de	hot in (my) (our) opi	nion deoth o	ccurred on the do	te ond hour o	ind from th
		22b. SIGNATURE	10,(1) (110)(411	, (did not) then me b	ou, oner de	/		22c. 1	DATE SIGNED	1
1		M	DM (mores	DEGREE	ATTENDING PHYS.	IRECTOR	STAFF PHYS.	3/14	169
		22d. PHYSICIAN'S NAME (Type) MARY	IN Moi	Ves M.D.		22e. ADDRESS 9 80 1 Ga.	ave	Silver St	HING . 1	Nd.
	23o.	BURIAL CREMATION. 231	b. DATE		EMEJERY OR CE	EMATORY en Cemetery	23d. LOCATIO	N (City or Town)	(County)	(Stote)
		BURIAL, CREMATION, 231	20/69	Gate of	Heave		Silve	er Spring	Marvi	and_
A	24.	FUNERAL DIRECTOR Lyson Wheeler	Funera	Home ADDRESS	Rock	Pike 250. REC'D B	Y KEGISTKAK	25b. REGISTRAKS	SIGNATURE	
1		ragon anester	- uncla	Pookwille	6M	DMAR 2	2 6 1968	1 x Cuare	By Joeda	0

MAKTLAND STATE DEPARTMENT OF HEALTH



L	01007	MARYLANI DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT (301 W. PRESTON STREET, I			
	04007		ERTIFICATE OF DEAT	TH	0	4000
1. [PECEASED-NAME First (Type or print) TVA	Middle ${f P}$.	BALLARD	20. DATE OF DEATH Manth	9 19	769 2b. HOUR
3. 9	F	4. RACE	S. DATE OF BIRTH 3/23/1	/ last birthday)	MONTHS	YEAR IF UNDER 24 HRS. DAYS HOURS MIN
70. cou	BIRTHPLACE (State or foreign untry)	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	WIDOWED X DIVORCED	9. COUNTY OF DEATH		Md.
C	HEVY CHASE	give street oddress) 5502 MONT	GOMERY ST. 120.	USUAL OCCUPATION (Kind of work As masses we king life, even if reti	done 12b. KIN	ND OF BUSINESS OR
13o adn	. USUAL RESIDENCE (Where deceosnission) STATE WASH.D	led lived, if institution: Residence befare				N.W.#306
14.		Middle Last	IS. MOTHER'S MAIDEN NA			Last
160			O 117 INFORMANT		GREEN	
,,,,	Yes, na, ar unknawn) (If yes give w	on as dates of security				Y ST.MD
	18. CAUSE OF DEATH (Enter on	ly one cause per line for (o), (b), and (c).)			I AP	PPROXIMATE INTERVAL WEEN ONSET AND OFATH
		ATE CAUSE (a) Severe	Brown dama	ze.	re	icent "
	Conditions, If any, which gave	DUE TO, OR AS A CONSEQUENCE OF (b) Cerebrol	viscula B	wed.	3	mos
	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	use - to s	relevous	cen	dubund
3						
RTIFICATION	19a. DATE OF OPERATION 19b.		YES N	CAUSES OF DEATH?		IN CERTIFYING
	OR CONTRIBUTING CAUSE OF DEAT	H HOUR A.M. Month Day Year ner) P.M. 19		(Enter nature of injury in Part 1 or P	art 2, Item 18.)	
M	at wark ot wark				County	State
	saw the deceased a causes stated abave	live on19 e, (1) (we) (did) (did nat) view the b	6 % and that in (mv) (aur	19_6°, ta3/\$) apinian death accurred an t	_, 19 <u>69</u> , t he date and he	that (I) (we) last aur and fram the
1. DECEASED NAME First Middle Dost S. Date Of BRITH S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of S. Date of Brith S. AGE (in years of S. Date of S. Date of Brith S. AGE (in years of S. Date of S. Date of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of Brith S. AGE (in years of S. Date of S. D	22c. DATE SIGNED 3/8/69					
	NAME (Type) STAN	ILEY SCHWARTZ M.	D. 22e. ADDRESS 2	400 "H" ST. N	.W. WAS	SH. D.C.
230	BURIAL, CREMATION, 23b. I REMOVAL (Specify)	DATE 23c. NAME OF C	EMETERY OR CREMATORY			
24.	FUNERAL DIRECTOR	-11-69 Monhai	n Cemetery	C'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE	aryLand
	Robert A Pum	burea Rethesga.	MgTII HAS		imalas la	sectain.

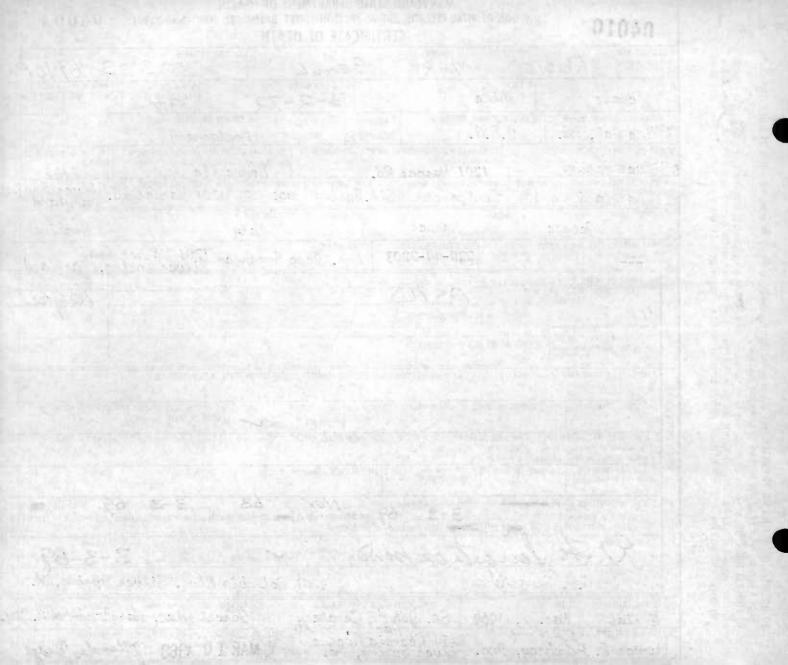


MARYLAND STATE DEPARTMENT OF HEALTH
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

-	~ ~ .			0400	•		CEKII	FICATE	OF DEATH			·	1400.	J.
	er death. Funeral 1 and 2 er death.			COUNTY	Montgomery	,	MA	RYLAND	2. USUAL RESIDENCE o. STATE	(Where dece	osed lived, if institu b. COU	INTY		,
	the the radies		b	write RURAL ond	If outside corporate limits		c. LENGTH OF STAY		c. CITY OR TOWN (If	outside corpo		JRAL ond give i	gomern neorest town)	-
	haur s P			Silve:	r Spring AL OR INSTITUTION (If no	t in hospital	give street address)		Silver d. STREET ADDRESS	Sprin	g		e IS RE	SIDENCE
	certificate be executed within 24 haurs after opposition and completely filled in by the Purples please remave carban papers. Pages I haval, and in any event, within 72 haurs after	68		Holy	Cross Hosp		give siteer dudress)		9510 H	ale Pl	асе		ON A	FARM?
	with rely f ban with	15	1	NAME OF DECEASED	Fir <i>ISADOR</i>		Middle		last BARR	4. DATE OF	14		,	Year
	ecuted with completely ave carban y event, wi	12	S. S	Type or print)	6. COLOR OR RACE	7. MARRIED	NEVER MARRI	IED 1 8.	DATE OF BIRTH	DEAT	9. AGE (In years	IF UNDER 1 Y		9 <i>69</i> DER 24 HRS.
	e execut and compremaye remaye	/		Male	White	WIDOWED	DIVORO		5/10/16		lost birthday) 52 yrs.	Months [Doys Hours	s Min.
	cian and co		durir	ng most of working I	(Give kind of work done life, even if retired)		IND OF BUSINESS OR IDUSTRY		11. BIRTHPLACE (Coun		oreign country)		EN OF WHAT	
	sician sician please I, and		f3.	grocery/i	butcher	Groc	ery store	?	Russia 14. MOTHER'S MAIDE			U.	S. A.	
	attending phy				k Barr				KAXXKX		Y Imb	nown		
/	ding ren			WAS DECEASED EVER	R IN U.S. ARMED FORCES? (If yes give wor or dotes o		SOCIAL SECURITY NO.	. 17. IN	FORMANT	MANANA	Addı			
	attendi permit.		1	Yes	W.W. 11	57	9-01-3083	Daug	hter/ San	dra Sm	ith, 1230.	3 Barba	ra Roc	rd
	t the the sit p			18. CAUSE OF DE PART I. DEAT	ATH (Enter only one cause IH WAS CAUSED BY:	10.	(a), (b), ond (c).)	Them	Mose.	0-	S. S.	.,Md.	INTERVAL B	DEATH
	s that t cian. I by the transit	0		4109	IMMEDIATE CAUSE	(0)		2	. 0.1					
	physici physici signed burial-t burial,	EAF		Conditions, if ony, rise to immediate	e couse (o)	(b) 11	yerose	elever	i fre	. 0	46 2		131	
	aw rending peen peen the the lar ta	~		stoting the under last.	rlying couse	(c)								
	: The lar atter e has use as	Ja	ATION	PART II. OTHER SIC	GNIFICANT CONDITIONS CO	ONTRIBUTING	TO DEATH BUT NOT R	RELATED TO TH	HE TERMINAL DISEASE (CONDITION GIV	VEN IN PART 1(o)		19. WAS AU PERFOR YES	UTOPSY RMED? NO [
	SICIAN: The spital ar at ertificate he ed far use ed far use a difficate he ed far use a diffica		CERTIFICATION	20o. ACCIDENT WAS OR CONTRIBUTING ((IF EITHER, NOTIFY I		20b. DE	SCRIBE HOW INJURY	OCCURRED. (E	nter noture of injury	in Port I or Po	ort II of item 18.)			946
	DING PHYS by the has After this ce be detache State Dept.	3	MEDICAL	20c. TIME OF INJU Hour o.m	10	20d. I While of wor			OF INJURY (Home, for ry, street, office bldg., e		(City or town)	(Coun	ty)	(Stote)
	OR ATTENDIN be retained by IRECTOR: Afte 3 shauld be de with the Sta	RED		21. I certif	fy that (1) (this has	pital) atten	ded the decease	d fram_G	death accurred	1968, at 11:15 A.	ta Mah.	25, 1963 and an the	that (I)	(we) las
	OR ATTEN be retained DIRECTOR: ge 3 shaulded with the	E.A.R		220. SIGNATURE	la de la companya della companya della companya de la companya della companya del	M.	· l-non	M.D.	ATTENDING	MED. DIRECTOR	STAFF PHYS.	22b. DAT	E SIGNED	
	77 6	2		22c. PHYSICIAN'S NAME (Type)	1SIDOR	E	SHULM		22d. ADDRESS		1T- N.	W-	2	e
	TO HOSPITAL Page 4 may TO FUNERAL director, page		230.	BURIAL, CREMATIO	ON, 23b. DATE THE	REOF	23c. NAME OF CE	METERY OR C		23d. I	OCATION (City or To	own) (0	County)	(Stote)
	Page TO FUN direct shaul			REMOVAL (Specify)					Cemetery	I I	yattsvil	le, Mai	ryland	
	VR A15 (4) \\ 25M 1/67	00			R Donald M.			232 Car	oh Toole	28	TRAP969 25b.	COLUMN TO	2 Just	pe
	20	W	116	DIEM MEM	norial Funer	eat nor	THE DL., IV.	. W. Wa	عالم المال و ١١٠٠					

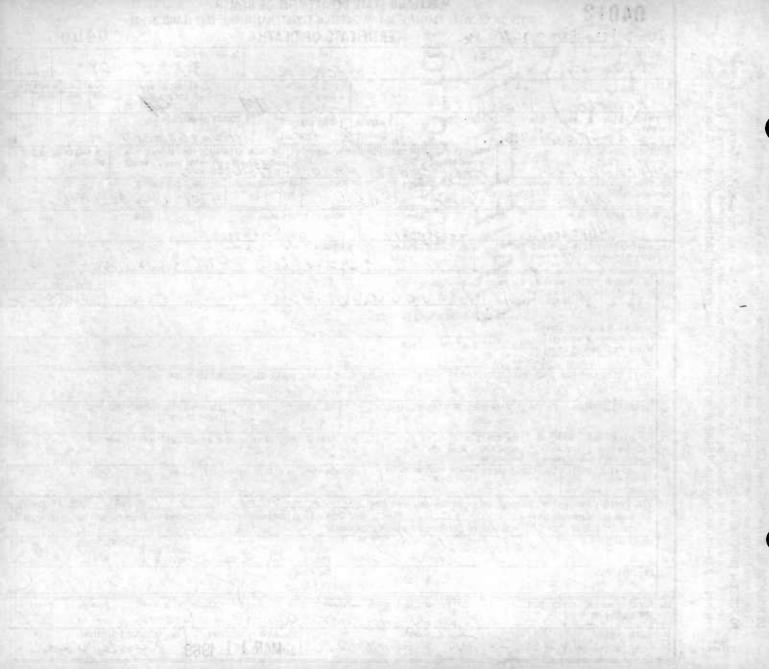
Lett the latest time

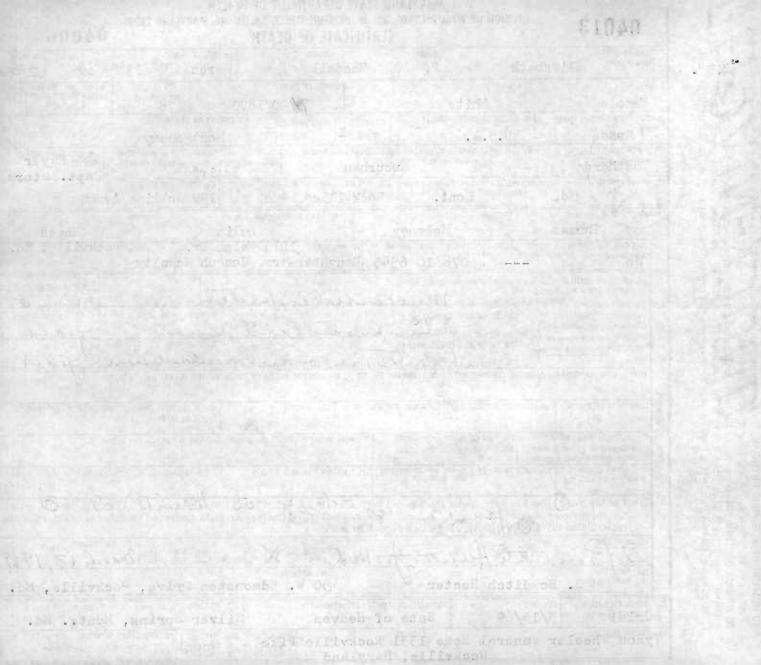
				20040
0001	1		Transa samed	
		0082/85/8	02	1 I I I I I I I I I I I I I I I I I I I
	Zwomen Jacob		Att	n Alexet .o
	1 MCG93 .ed	nos la som		odsovit
-	9 w , () w	*		, III., i., I.
			4071	
			.0.1070040500000000000000000000000000000000	
auriorus d	stol., credini	lique small	r-b3 courch courch t	L Introd



1.		04011	DIVISION O			RESTON STREET, BALT	IMORE, MA	RYLAND 21201	04004	Ł
death.		CEASED-NAME Girype ar print) G1	issie	None	Ве	ean	2a. DATE OF		9 Year	2b. HOUR 10P M
the for	3. SE	Male	4. RACE	White		S. DATE OF BIRTH 24	1877	6. AGE (In years last barthay)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS MIN.
in 24 haurr filled in by papers. P hin 72 haur	7o. cau	BIRTHPLACE (Stote or foreign otry) W. Va.		WHAT COUNTRY?	8. MARRIED [WIDOWED]	NEVER MARRIED DIVORCED	9. COUNTY OF	nt gomery	7	Md.
within 2 filled and page within		TY OR TOWN OF DEATH Rockville	giv	NAME OF HOSPITAL OR IN e street address) L2701 Gou	ld Rd	during m	AL OCCUPATION	(Kind of work done life even if retired.)	12b KIND OF F	HISINESS OP
e executed within 24 and completely filled remave carbon paper any event, within 7	13o. admi	USUAL RESIDENCE (Where decosion) STATE	eosed lived, if instit	ution: Residence befare	13c. CITY OR	TOWN 13d. INSIDE CITY I	1.000.00	REET AND NUMBER Baker	, W. Va	
be exe		ATHER'S NAME First Edmou	Middle ad	Lost Bean	15	. MOTHER'S MAIDEN NAME	first argare	Middle	Evai	Lost
physicate b physican physican aval, and i	16o. Y	WAS DECEASED EVER IN ILS A	RMED FORCES? (a) war ar dates of service)	16b. SOCIAL SECURITY		NFORMANT Marvin Beat	XI ELLI	Baker,	W. Va.	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital ar attending physician. GTOR: After this certificate has been signed by the attending physician and completely filled in by the formed should be detached far use as the burial-transit permit. The please remave carbon papers. Pages 1 and 2 with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 haurs after death.		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU IMME	SED BY: DIATE CAUSE (a)	esterie	iscler	atic hear	+ dise	eise	APPROXIM BETWEEN ON	ATE INTERVAL SET AND OEATH
		Conditions, if any, which gav rise to immediate cause (a stating the underlying cous	(b) e DUE TO, OR	AS A CONSEQUENCE OF		0			84	
	7	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)								
: The law ar affendi e has ber use as th	CERTIFICATION			HICH OPERATION WAS PE		20a. AUTOPSY? YES NO	CAUSES	YES, WERE FINDINGS OF DEATH?		TIFYING
PHYSICIAN: The haspital applicate the sertificate of the sertificate of the stacked for the sertificate for the sertificate for the sertificate of	MEDICAL C	OR CONTRIBUTING CAUSE OF CRATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M.								
by the haspitch by the haspitcher this certifi be detached f state Dept. af		at wark at work				CATION Street or R.F.D. No		or Town	County	Stote
OR ATTENDING be retained by th DIRECTOR: After the 3 shauld be de ed with the State			this hospital) ot alive on Ma ve, (1) (we) (did	tended the deceas 14711 24 (did not) view the	ed from 19 <u>69</u> , and body after d	that in (my) (our) op leoth.	nion death	accurred an the c	9 <u>67</u> , thot date and hour a	(I) (we) lost nd from the
d w d w		22b. SIGNATURE	Fruits	tm.A.	DEGR	EE ATTENDING PHYS.	AED.	STAFF PHYS. D		69
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file	230	NAME (Type) A , U BURIAL, CREMATION, 231	D. DATE	23c. NAME OF	CEMETERY OR	13	T23d IDCATIO		MD	/State)
		BEALDIAN 10 15 1	3-27-69		ry Ce	metery 250. REC'D E		Baker 25b. REGISTRAR	•	Virgin:
VR A15 (4) 30M REV. 1/68		Robert A Pu	mphrey	7557 Wisc		Ave DATEPR	1 196		way Judg	R.

1 /	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
5-/		04005									
death.	1. DECEASED-NAME First Middle Last 20. DATE OF DEATH (Type or print) Yetta Becker 3 Manth 5 Day 6940	2b. HOUR									
offer offer offer	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IFUNDER Y	EAR IF UNDER 24 HRS. DAYS HOURS MIN									
hours in by Peers. Po	70. BIRTHPLACE (State or foreign country) ENGLAND U.S.A. 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH 9. C	Md.									
within 24 hours after tilled in by the ban papers. Pages within 72 haurs aft	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital SILVEY SPRING 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during gives street oddress) HOLV CROSS HOSP. 120. USUAL OCCUPATION (Kind of work done during gives treet oddress) HOLV CROSS HOSP.	D OF BUSINESS OR									
rexecuted within the second of secon	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE Md. 13b. COUNTY Monday CHCH. YES NO 470/ WILLARD A	VE									
cian and second second and in one	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle Last Abraham Weisenberg Unknown-										
errificate be physician a nen please iaval, and ir	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 3019-14-64 Walland and Company of the compa	Wed md.									
it the death certific the ottending phys sit permit. Then p nation, ar remaval,	18. CAUSE OF DEATH (Enter only one couse per line-for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave.)	PROXIMATE INTERVAL LEN ONSET AND DEATH LOCALITY									
aquires tha physician. signed by burial-tran	stoting the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)										
IAN: The law reital are attending I ficate has been sfar use as the Effect the I feelth priar tab	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.)	IN CERTIFYING									
Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. af Health priar ta	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor 19 21d. INJURY OCCURRED While at wark at wark 2 to wark 2 t	State									
O HOSPITAL OR ATTENDING PHYS. Page 4 may be retained by the host 5 FUNERAL DIRECTOR: After this cel director, page 3 shauld be detache shauld be filed with the State Dept.	220. I certify that (I) (this haspital) attended the deceosed from, 19 6/_, to, 199/, that (I) (we) last sow the deceosed olive on, 199/, ond that in (my) (our) opinion deoth occurred on the dote and hour and from the couses stated above, (I) (we) (did) (did not) view the body after death.										
AL OR AT OF AT	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNET 22d. PHYSICIAN'S 22e. ADDRESS 5.5	-69									
HOSPIT, ge 4 mc :UNERA ectar, p	BURIAL CREMATION, 23b. DATE 23c. NAME OF CREMATORY 23d. LOCATION (City or Town) (County) (State)										
0 0 0 5. 5 30M REV. 13	REMOVAL (Specify) 3-7-69 OHEV SHOLOM-TALMUD TORAH - WASHING TO NO 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE BERNARD DANZANSKY +SONS - WASHINGTON DC DATMAR 1 1 1969 CCUMINA Y										
30M REV. 1 A	BERNARD DANZANSKY +SONS - WASHINGTON DC DATMAR 11 1969 Clientes &	no ge									





DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04007 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month Dov (Type or Print) ESTIdeloy is Poge DEATH MATED 4. RACE IF UNDER 24 HRS 3 SEX S DATE OF BIRTH AGE (In years 2r. DATE PRONOUNCED DEAD 2d HOUR pup PM3. Depar 7b. CITIZEN OF WHAT COUNTRY? 7a. BIRTHPLACE (State or foreign MARRIED NINEVER MARRIED 9. COUNTY OF DEATH along with form WIDOWED F DIVORCED [8. Give Poges poges I and 2 with the State ofter death 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b, COUNTY odmission) STATE 24 having ofter 14. FATHER'S NAME First IS MOTHER'S MAIDEN NAME First Lost BENNA BERTHA the Chief Medical Examiners hours IILLMAN 17. INFORMANT pendil 16b. SOCIAL SECURITY NO ADDRESS be executed within (Yes, no, or unknown) 98-03-0573 WIEE File APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-tronsit Conditions, if ony, which gove rise to immediate cause (a). This certificate should execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse from . tall . down . 2 farwarded to PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 00 removal, 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES IV NO F pe 21b. TIME OF INJURY Month, Day, Year 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. EXAMINER: cremation, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, office building, etc.) DIRECTOR: Page WHILE AT WORK AT WORK 374/IP Drive -Swithersbui MODI 220. I certify that I taak charge of the remains described above, held an Autapsy X, Inspection X Inquiry ond in my opinion Accident X. be retoined death resulted fram: Naturol causes Suicide [Hamicide Undetermined manner pleose CHIEF MEDICAL EXAMINER ACTUAL 7936 Old George Old Min Melical Examiner 22b. DATE SIGNED FUNERAL SIGNATURE necessary, O DEPUT **EXAMINER'S** 5 may TO FUNE Health Bethesda, Marylandopress(Street, city, town, or county) John G. Ball NAME (Type) the 23d. LOCATION (City or Town)
Bedford, Pa. 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL CREMATION, 23b. DATEApril (County) (Stote) Burial (Specify) Trinity Church Cem. 24 Tyson Wheeler F. H. 1331 Rock Pile Pike 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME [5] Rockville, Maryland APR 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

make beautiful at the protection of the process which continues a state of ideane monages verter Balance Later Carp California W. S. o'me A CHARLES OF THE PROPERTY OF T configuration of the state of t budly not the bullets continued the selection to the limit the selection of the selection o

action. nse menjek 1150 are, dan kija kwe-a-tega The second of th

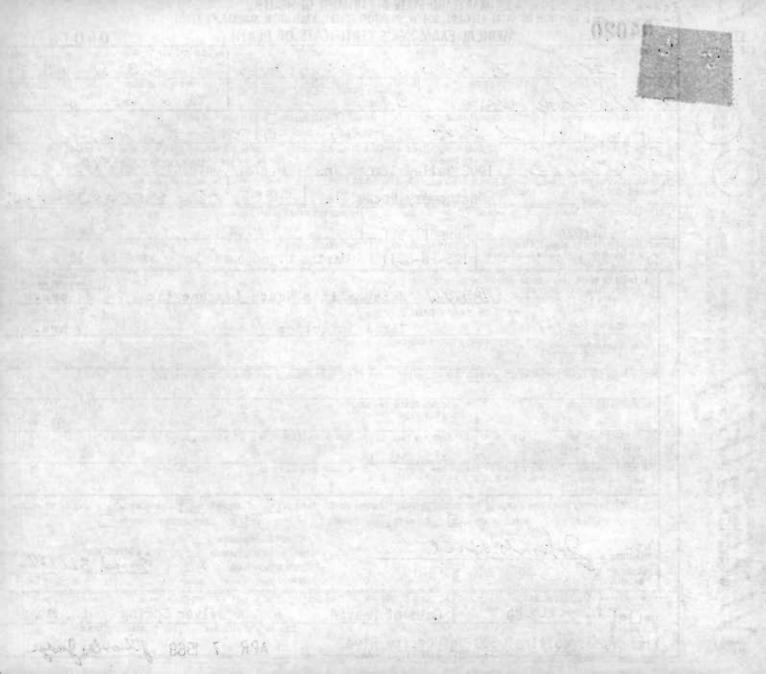
_			LAND STATE DEPARTMENT OF		
4	04017	DIVISION OF VITAL RECO	PRDS, 301 W. PRESTON STREET, BA		01010
0	Odor a		CERTIFICATE OF DEATI		04010
· ŧ -2ŧ	1. DECEASED-NAME	First Middle	Lost	20. DATE OF DEATH	2b. HOUR
er death. Funeral s 1 and 2 tef death.	(Type or print)	INA CHIMM	WY BETTS.	MAR Month 210	oy 1989 6:10 PM
Tet Tet	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
S of the	1-Empl	= (A110	11-1	- 09 lost birthday) YRS	MONTHY DAYS HOURS MIN.
Par Par	70. BIRTHPLACE (Stote or fo	reign / 7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	1/1-7
4 h H tin 72 h	country) = nra/nr	1 11.5.4.	WIDOWED DIVORCED	MAUTRAMER	V Md
in 2 fillec pag hin	10. CITY OR TOWN OF DEAT	11. NAME OF HOSPITAL	OR INSTITUTION (IE not in hospital 120. U	ISUAL OCCUPATION (Kind of work down	12b. KIND OF BUSINESS OR
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after be retained by the haspital ar attending physician. WIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fue e 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and with the State Dept. of Health prior to burial, crematian, ar remaval, and to some within 72 hours after the state Dept.	DROOKMON	give street oddress)	506-Midgs DR during	most of working life, even if retired.	INDUSTRY.
ed v	130. USUAL RESIDENCE (Whe	ere deceosed lived, if institution: Residence b	pefore 13c. CITY OR TOWN 13d. INSIDE CI	TY-LIMITS? 13e, STREET AND NUMBER	1 7
To See and See	odmission) STATE	13b. COUNTY//OKITOOI	THE FROOTMONT YES	NO 6506-Kia	FF LR
and bear	14. FATHER'S NAME Fir	st Middle	Lost / IS. MOTHER'S MAIDEN NAM	E First Middle	Lost
2 2	HUDREU	ST. GEORGE CL	rumins Lucit	4	ShERUNI
an	160. WAS DECEASED EVER III Yes, no, or unknown)	U.S. ARMED FORCES? 16b. SOCIAL SEC	URITY NO. 17. INFORMANT	Address	506- Ride)
ertificate b physician nen please iaval, and	165, 110, OT GRINOWII)		50-5686 Thomas -	L. BETTS	occ moe sq.
ng P The	18. CAUSE OF DEATH	(Enter only one couse per line for (o), (b), o	ond (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath indii ar r	PART I. DEATH W	AS CAUSED BY: IMMEDIATE CAUSE (0)	te myocari	real infaits	ron stat
he death ce attending permit. The	4109	DUE TO, OR AS A CONSEQUEN	CE OF	1 , 1	
the sit p	Conditions, if ony, wh		coscleratio o	reary desea	wunk.
tha an. by rran	stoting the underlying		ICE OF		
4: The law requires that the death certifiar attending physician. The has been signed by the attending phy use as the burial-transit permit. Then calth prior to burial, crematian, ar remava	lost.	(c)			
phy sign bur	PART 2. OTHER SIGNIF	CANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE C	OR CONDITION GIVEN IN PART 1(0)	
ling ling the r to	N	Caronic Co	ngestive he	arr gaileir	0
e la fend is bo as prio	196. DATE OF OPERATIO	19b. CONDITION FOR WHICH OPERATION V		2015. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
The hard	190. DATE OF OPERATIO		YES NO		
AN: ol al cate far Hea			21c. HOW INJURY OCCURRED (E	nter noture of injury in Port 1 or Port 2	, Item 1B.)
Sicility Spirit Bed Held Held Held Held Held Held Held He	(If either, notify medic	ol exominer) P.M.	19		
DING PHYSICIAN: The law reby the haspital ar attending After this certificate has been be detached far use as the State Dept. of Health prior to	21d. INJURY OCCURRED While Not while	21e. PLACE OF INJURY (AT HOME, FARM, ST OFFICE BUILDING, E	REET, FACTORY.) 21f. LOCATION Street or R.F.D.	No. City or Town	County State
te D	at work of work				
by by be Sta	22a. I certify tha	t((1) this hospitol) attended the decored olive on MAR 20	eceased from 3 A 1969, ond that in (my) (our)	69, to MAR 21, 1	969_, that (1) (we) lost
R: Ned	causes stote	d obaye (M) (we) (did (did not) view	v the body ofter deoth.	shinton death occurred an the d	are and naur and from the
A STATE OF S	22b. SIGNATURE			220	. DATE SIGNED
OR ATTEND be retained DIRECTOR: A e 3 should ed with the	Kalle	W claste	DEGREE PHYS.	MED. DIRECTOR PHYS.	IAC 21, 1969
rat rat pogge e fills	22d. PHYSICIAN'S		22e. ADDRESS		
SPII 4 m ER/ Gr, d b		Robert S. Poole			
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be o	230. ALIKUM, CREMATION,		ME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
22 25	XEMOVAL (Specify)		ar Hill Grematory		Maryland
VR A15	24. FUNERAL DIRECTOR R	obert A. Pumphre	PRESS 250. REC'I	D BY REGISTRAR 25b. REGISTRAR	
45M - 1/84	1997=NISC	Justu Ave., Detu	esda, Md. DAMAR	2 6 1969 Jellan	Las Oscas

F1040 APPENDIAL DESIGNATION OF THE PROPERTY OF THE P

, 2	MARTLAND SIAIE DEPARTMENT OF HEALTH	
Ton Crare	04	011
FOR STATE	MEDICAL EXAMINER 5 CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle R Lost 20. DATE KNOWN Month Do OF ESTI-	traf.
iny delay is 2, and 3 to PM3. Page partment af	(Type or Print) HAROLD F. Bichse/ DEATH MATED 3	1 . 1969 1051
delay ind 3 13. Pa	3 SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN.	2d HOUR
de and M3.	male White July 28, 1905 G3 yrs. MONTHS DAYS HOURS MIN. Month 3 Doy ,	Yeor 19 69 10 AM
2, 2, pa	70. BIRTHPLACE Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
h. Jiny of ges 1, 2, and form PM	country) (16:0 11:5.A WIDOWED DIVORCED	MARRIA MI
ath.		. KIND OF BUSINESS OR
24 hours after death. in Item 18. Give Pages 1, r's Office along with form ss and with the State Be rs after death.	Bethes da give street oddress Suburbay Dist. Sales mahager	B.F. Good Ric
after a Give along along along with t	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER (C. C. C. C. C. C.
24 hours after in Item 18. Girs office alon set and 2 with res after death	odmission) STATE M. d. 13b. COUNTY Mort, Chery Chase YES NO 1 4708 FAIS to	ne Ave
hours litem 1 Offlice anter a	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
24 + 24 + 1 = 24 + 1	Frederick Bichsell Estelle	Hoppes
hin 24 ncil in niner's pages haurs	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) (Yes, no, or unknown) (If yes give war or dates of service)	
with n pen Exam	(Yes, no, or unknown) (If yes give war or dates of service) 297-10-5718 Wife-hellie Bichsel -	DAME
Pin G	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed anding in Medical E permit. F	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) COTOTIZEY INSUFFICENCY Acute.	Sudden
Med pe	4123 DUE TO, OR AS A CONSEQUENCE OF	
be ex "pend nief Mo ansit p	(Conditions, if any, which gove)	40215
vord to Ch	rise to immediate couse (a), stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne word "per o the Chief I burial-transit	lost.	
ate s g the ed to s a bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
. ⊆ p = .		
war war war war ava	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certificate, writing farwar farwar be used remayal	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item	YES NO
INER: This e certificate, shauld be fa files. 3 shauld be used a standard beautiful by substandard beautiful by substandard by substan	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item	
INER: The certification is certificated by files. 3 shauld by a s	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. Gity or Town	
a 3. ± 5 € E		County Stote
DEPUTY	WHILE NOT WHILE foctory, office building, etc.)	
ecut ecut Pag ar y R:Po	22a. I certify that I taak charge of the remains described above, held an Autapsy , Inspection , Inquiry ,	and in my apinion
ICAL 1 exector. Pour. Pour far. Pourial far. CTOR:	death resulted fram: Natural causes X, Accident , Suicide , Hamicide , Undetermined manner	1
please e l directar retained	CHIEF MEDICAL EXAMINER	
	ACTUAL () (S. Ball	NED
Ssary, F funeral ay be r INERAL	DEDITY MEDICAL EVAMINED M	1
O DEPUTY necessary, the funera 5 may be 0 FUNERA Health pr	NAME (Type) JOHN G. BALL MONTGOMERA) Md. ADDRESS (Street, city, town, or county) Betheso	
O DEPUTY necessary, the funera 5 may be O FUNERA Health pr	230. BURIAL CREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Co	ounty) (Stote)
	BURIAL MARCH 51969 HIGHLAND MEMORIAL PARK ALLIANCE OHIO	
	24. FUNERAL DIRECTOR ADDRESS 250. REGISTRAR 25b. REGISTRAR 5 SIG	NATURE
VR A15ME (5)	7557 Wise AVE BETHESON Md. DATE MAR 5 1969 Flow	To hunder
10M REV, 1/68	131 10130, 177 10100 19111111111111111111111111111	1/

					61090
	nagaki u	entym.			no File
	al 2 98				e.i.e
e e				2,781	onliares.N
	1 90.0 263	is in the in			acrestal
. F . 2012 Th		y mot with the			
· c-ni			31.24		100
E.H		Springer and in			1 1 1 1 1 1 1
		ganderens oden			
					183

_ l i	Ite	ems 18&22a Film 413 MARYLAND STATE DEPARTMENT OF HEALTH	
FOR STATE	5-2	47.090	04013
EALTH DEPT.	1.5	ECFASED NAME First Middle / Last / 20 DATE KNOWN Month	Doy Yeor 2b. HOUR
	(1	(ype or Print) Frain Fichard Bogenrieder DEATH MATED & 3	31 1969 543 M
n PM3. Page	3. SE	X . 4. RACE / S. DATE OF BIRTH 6. AGE (In years LEANDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
W3.	2	72/e/1/hite 3-30-36 33 YRS.	Yeor 1969 53 M
2.E	como	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY2) 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
Poges 1,	E	Buffalo. N. Y. W. J. WIDOWED DIVOKED JITCH T GUNTE	2 KIND & DUSTUSS OF
2 00	-	give street oddress) during most of working the even if retired.)	26 KIND OF BUSINESS OR
ge de	130.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13e. STREET AND NUMBER	1186
0 3 9 15	00	dmission) STATE Md. 136. COUNTY Montgomery Rockville YES № NO □ 1902-1/alle	154reamil
l and 2	14. F	ATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
SS 10		German Bogenrieder Hulda	Haas
poges	160. Y	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. Bogenrieder 18. Same a	c #13
			APPROXIMATE INTERVAL
unsit permit. File event within 72		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Refer Part Part	BETWEEN ONSET AND OEATH 24 hrs.
medical permit. nt within		O65X IMMEDIATE CAUSE (a) //47/4/h//, Encephalitis Acute Lymphocytic O65X Due TO. OR AS A CONSEQUENCE OF	ZT III S.
be torwarded to the Chief Medical Examiner's Utrice I be used os o burial-transit permit. File pages 1 and 2 or remavol, and in any event within 72 hours ofter or remavol.		Conditions, if ony, which gove) Wirel infection	24 hrs.
al-tro any		rise to immediate couse (a), Stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
.E.		lost. (c)	
remavol, and		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
vol,	NO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
be used	CERTIFICATION	WAS PERFORMED?	YES NO
notion, or r		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Iter	
ion,	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
cremotion,	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
, cre		AT WORK LI AT WORK LI	
buriol,		220. I certify that I took charge of the remains described above, held an Autopsy 🔀, Inspection 🔼, Inquiry 🔼	_
o bu	1	death resulted from: Notural causes 🗵, Accident 🗌, Suicide 🔲, Hamicide 🔲, Undetermined manner [
RAL DIRE		ACTUAL SIGNATURE John G. Bel CHIEF MEDICAL EXAMINER (M.D. ASSISTANT MEDICAL EXAMINER (22b. DATE S	fGNED
		SIGNATURE	431.1969
Health 4		NAME (Type) ADDRESS(Street, city, town, or county)	
5 ±	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (Stote)
for	24	REMOVAL (Specify) Burlal 4-3-69 Gate of Heaven Silver Spring N FUNERAL DIRECTOR ADDRESS ADDRESS 125a. REC'D BY REGISTRAR 125b. REGISTRAR'S SI	
SME (5)		To an	rles Joseph.
EV 1/68		Francis J. Collins 500 University Blvd. DATE APR 7 1969 Cla	LOS Justine



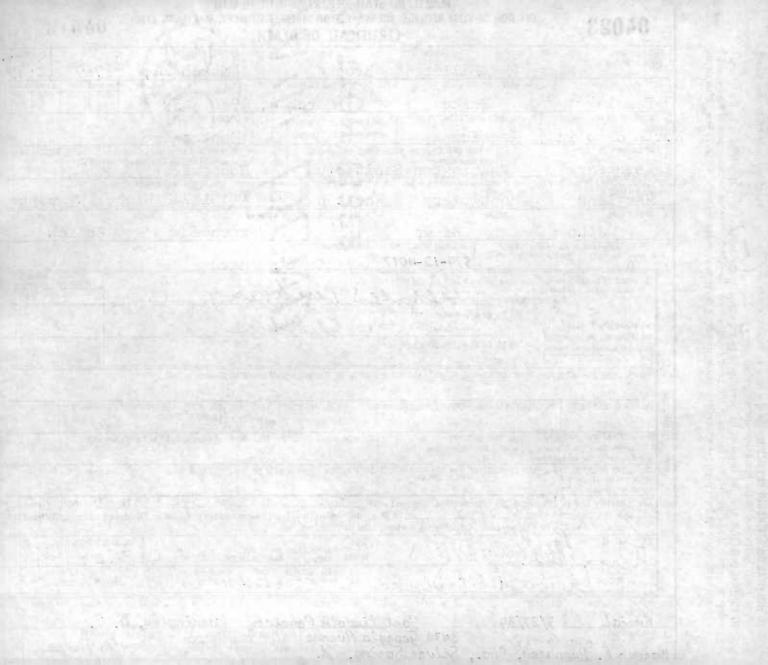
. 1	DIVICION.	MARYLAND STATE DEPARTMENT OF			
2	04021	OF VITAL RECORDS, 301 W. PRESTON STREET, BAL			
		CERTIFICATE OF DEATH		04014	
death death	DECEASED-NAME First (Type or print) Harry	Middle Bowers	20. DATE OF DEATH	Poy Yeor 2b.	HOUR
for use as the burial-transit permit. Then please remave corbon papers. Pages Land Shealth prior to burial, cremotion, or removol, and in any event, within 72 hours after death transitions of the second support of the second support of the second support.	MALE 4. RACE	Uhite S. DATE OF BIRTH	6. AGE (In years last birthday)	MONTHS DAYS HOURS	ER 24 HRS.
72 hour	BIRTHPLACE (State or foreign obunity)	WIDOWED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	meces	M
70 10			UAL OCCUPATION (Kind of work dan most of working life, even if retired		SS OR
15	a. USUAL RESIDENCE (Where deceased lived, if ins mission)	titution: Residence before 13c GITY OR TOWN 13d INSIDE CITY WEST STATE OF THE STATE		apts #7	
1 14	FATHER'S NAME Fish Midd	15. MOTHER'S MAIDEN NAME NERS. MANJE	. /	lashers	
16	Sa. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If you give war or dates of service	16b. SOCIAL SECURITY NO. 17. INFORMANT	P. 859 BREE	11 1851.	J. we
,	Canditions, if any, which gave rise to immediate cause (o), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTI	OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF OR AS A CONSEQUENCE OF EIBUTING TO DEATH OUT NOT RELATED TO THE TERMINAL DISEASE OR		APPROXIMATE INTER BETWEEN ONSET AND	DEATH
X X X X X X X X X X X X X X X X X X X	19a. DATE OF OPERATION 19b. CONDITION FOR	WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO			IG
MEDICALCE		.M. Manth Day Year M. 19	ter noture of injury in Port 1 or Port	2, Item 18.)	
8	While Nat while at wark at wark	OFFICE BUILDING, ETC.	o. City or Tawn	County !	State
	sow the deceased olive an	oftended the deceased from March 19 19 (my) four) op id) (did not) view the bady after deoth.	pinion deoth occurred on the	dote and haur and fro	ve) las
23	22b, SIGNAFURE 22d. PHYSICIAN'S NAME (Type) 1. B. E	News Modgree ATTENDING PHYS. Nyman trait 22e Appress	MED. STAFF DIRECTOR PHYS. 22	C DATE SIGNED SINGLE SIGNED KE ROCKELLE	70
23	a. BURIAL, CREMATION, 23b. DATE REMOVAL (Specify)	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	Z. Koron Z (State	e)
15 100	mest Sorln	er ther DDRESS attender Hol DATMAR	BY REGISTRAR 2Sb REGISTRAL 2 0 1969	S SIGNATURE	

GITTERS OF THE PROPERTY OF THE STREET 3 (0 (1)) STATE OF THE PARTY Carte Star Star Strate Charles The state of the s The state of the s

11 1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
1		04022 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04015
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04019
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month OF ESTI-	
y delay is and 3 to PM3. Page		Uelt - BEAZIEL DEATH MATED 3	23 1960 6" N
elay nd 3 3. Pa	3. 5	SEX MOLE 4. RACE S. DATE OF BIRTH 6. AGE (In years lif UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD lost birthday) MONTHS DAYS HOURS MIN MONTH Day	2d. HOUR
p del	-	144 W 1-11-01 6 7485	Gap 6 Gm
C4 O.		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORCED DIVORCED DIVORCED	
for for after		" (Sa. U.S. WIDOWED NON GOMEK	Mo
24 hours after deoth any de in Item 18. Give Poges 1, 2, and is Office along with form PM3. estland? with the State Deportments offer death.	5	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during product working the event in threed.)	12b. KIND OF BUSINESS OR INDUSTRY
after 8. Giv dlong dlong with t		. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. MISIDE CITY LIMITS? 13e. STREET AND NUMBER	
s after 18. Give dong with death.	0	odmission) STATE md, NO. PUNTY NOE GROGES HUATTSU! IL YES XNO [] 400 WOYN	er AUE.
24 hours in Item 1 is Office cis Office rs offer rs offer rs	14. 1	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
n 24 ho il in the neric Offi ges 1 or		R.G. Braziel	Whitley
hin 24 ncil in niner's poges hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO. 17. INFORMANT YVER HYADORES SY	ILLE. MD.
d within in pencil in Exominer Exominer File page	1	Yes, no, or unknown) (If yes give war or dates of service) ANNA P. BRAZIEL 4001 WAR	SHERAVE.
be executed within 24 hours pending in pendin in Item lief Medical Exominers Office nsit permit. File pages lond event within 72 hours offer o		18. CAUSE OF DEATH (Enter only one couse per lipe for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecuted ing" in edical E ermit. F		PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clice Corenery Insuffic	rency
be exe "pendi nief Me		DUE TO, OB A CONSEQUENCE OF	
word "pe word "pe the Chief rial-tronsit		(anditions, if any, which gave rise to immediate cause (a), (b) aremetry Certary Heart y	seade
ould vord ne Ch al-tra any		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF /	
should be executed ne word "pending" is the Chief Medical burial-tronsit permit.		lost. (c)	
cate 19 the ed 1		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
is certifi te, writir forward forward e used o removal,	NOIL	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his certification of the forward be used by removal	CERTIFICATION	WAS PERFORMED?	YES TO NO DE
ER: This certificate, rould be fores. should be usion, ar rention, ar rention, ar rention, ar rention, ar rention, ar rention.	CERT	21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2,	
INER: The certification of the	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
3 = 1 S = 1	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street at R.F.D. No. City at Town	County State
DEPUTY DICAL EXAMINER: cessary, please execute the certification of the		WHILE NOT WHILE of factory, office building, etc.)	
L E) Pogor) Pogor) R: P		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection XI, Inquiry	ond in my opinion
ICAL E executor. Po ed for CTOR: buriol,	10	death resulted from: Natural causes Accident , Suicide , Homicide Undelermined monne	
pleose e I director retoined L DIRECT ior to bu		CHIEF MEDICAL EXAMINER	
EPUTY DIC. ssary, pleose efuneral director by be retained NERAL DIRECT th prior to bu		SIGNATURE Leceley 14. Lab M.D. ASSISTANT MEDICAL EXAMINER 22b. DAT	TE SIGNED /
PUT Sary Sary Duer P be ER/	13	EXAMINER'S TO DEPUTY MEDICAL EXAMINER X	72/19/0
		NAME (Type) 25206 N ADDRESS Pread? City, Cover, py county)	14/1/6/
07 = + ~ 07 = +	230	BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
		DURIAL DELIFOT CEDAR MILLIENDOTELAND	1. 170.
VO ASSUE ID A	24.	LEP FULL STAL HOME	'S SIGNATURE
VR A15ME 15 10M REV. 1/68		300-4 STNE BC, DAMAR 26 1969 yollow	Man Judge

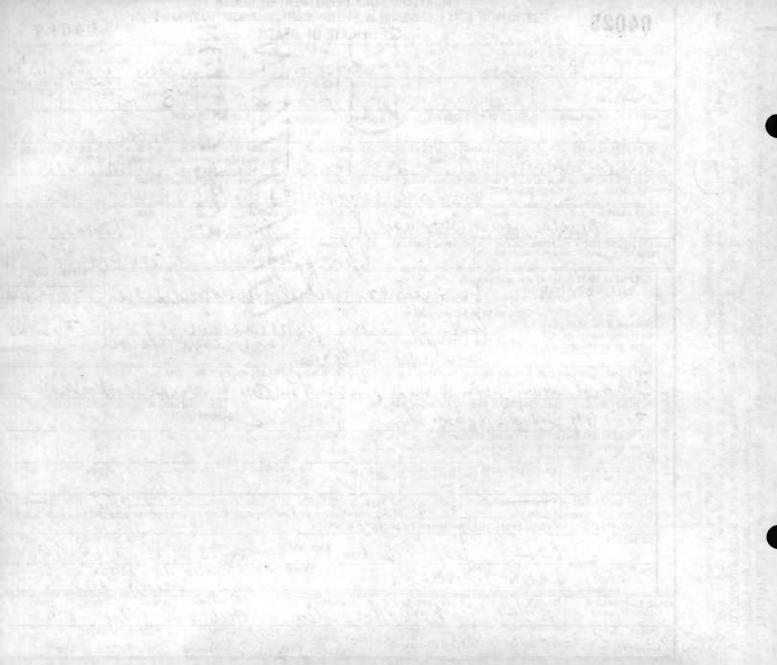
делогия и дели в поприяти в поприятильний в под до White the state of TOTAL SECTION ASSESSMENT ECE, b 4 half

		1						ENT OF HEAL				
0			04023	DIVISION OF	VITAL RECORDS,	301 W. PR	ESTON STR	EET, BALTIMOR	E, MARYLAND	21201	010	4.0
			04069			CERTIFIC					040	16
	. 2	1, 0	ECEASED-NAME First		Middle		Lost		DATE OF DEATH			Tak Hours
	ral nd eath		Type or print) A 1ma		Billie	Dana			March M2	th. Do	y a n Year	2b. HOURA
	funeral and 2 ter death.	3. 5		4. RACE	pririe		oke				1969	12:45
	offe f	3. 3				7111	S. DATE OF BIR		lost hi	In years	MONTHS DAYS	HOURS MIN.
	the diges		Female		hite	150	Marc			YRS.		IIII.
	24 haurs after death ad in by the funeral apers, Pages, I and 77 haurs after death		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF W	HAT COUNTRY?	8. MARRIED	NEVER MARK	RIED 9. CO	UNTY OF DEATH			
	in 24 ho illed in papers, hin 72 K	No	th Carolina	Amer	ica	WIDOWED			ontgome	rv		Md.
	filled pape thin 77	10.	CITY OR TOWN OF DEATH	11.1	IAME OF HOSPITAL OR IN	STITUTION (If no	t in hospitol	12o. USUAL OCC	UPATION (Kind of	work done	12b. KIND O	F BUSINESS OR
	ate be executed within 24 ician and completely filled is base remave carban paper and in any event, within 72	Ta	akoma Park	Was	street oddress) hington S	Sanita	rium	during most of HO	working life ever USEWITE	if retired.)	INDUSTRY	
	ed car	13o.	USUAL RESIDENCE (Where deceos	ed lived, if institu	tion: Residence before	13c. CITY OR	TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND		7 THE R. P.	
	cut om ev	July	Mary Land	Mont	gomery	Whea	ton	YES NO	11723	High	nview	Avenue
	and compression on any even	14.	FATHER'S NAME First	Middle	Lost	-		IDEN NAME First		Middle		Lost
	dand e rem		John		Hicks	444		Gert	rude		Boli	
	are are and and and	160	. WAS DECEASED EVER IN U.S. ARM	NED FORCES?	16b. SOCIAL SECURITY I	10. 17. IN	FORMANT	0010	Luce	Address	DOIL	CK
	Micate Notego	1	res, no, or unknown) (If yes give w	ar ar dates of service)	579-12-40	17 D	ation	t's cha	v +	71001033		
	attending personal certification of them ian, or removal				1		aLIEH	i s cha			APPROX	IMATE INTERVAL
	ding ren		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED	BY:	ine rot (a), (b), and (c).	100 8	1111	1,00			BETWEEN	ONSET AND DEATH
	attend permit ian, or		EMIA IMMEDIA	TE CAUSE (o)	Lygns	Res	un	my US				
	he at per lian		Conditions, if ony, which gove	DUE TO, OR	AS A CONSEQUENCE OF		Pan	110				
	the the mati	1	rise to immediate couse (a),	(b)	gripi-	00	SIV	ca				
	trair cre		stating the underlying couse	DUE TO, OR	AS A CONSEQUENCE OF							
	equires that t physician. signed by the burial-transit		lost.	(c)								
			PART 2. OTHER SIGNIFICANT COM	DITIONS CONTRIBL	JTING TO DEATH BUT NO	OT RELATED TO	THE TERMINAL	DISEASE OR CONDIT	ON GIVEN IN PART	1(0)		
	ing ing the ta	×	SIN SERVED SAFETY									
	bing PHYSICIAN: The law re by the haspital ar attending After this certificate has been be detached for use as the State Dept. af Health priar ta	CERTIFICATION	190. DATE OF OPERATION 19b.	CONDITION FOR WI	HICH OPERATION WAS PE	RFORMED	20o. AUTOP	SY?	20b. IF YES, WER		ONSIDERED IN	ERTIFYING
	The off	E					YES 🗀	NO 🗍	CAUSES OF DEATI	1?		
	S p a r p		210. ACCIDENT WAS UNDERLYIN	TID: TITLE O	F INJURY	21c. HO	W INJURY OCCU	JRRED (Enter notur	e of injury in Port	1 or Port 2.	Item 18.)	
	F S S S S S S S S S S S S S S S S S S S	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		Month Doy Yeor							
	YSI asp cert hed hed	MED	21d INSURY OCCURRED 21e		(AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		ATION Street	or P.F.D. No.	City or Town		County	Stote
	PH e h his stac Dep			The or mount	OFFICE BUILDING, ETC.	7 211. 200	Allon Sileei	OF K.I.D. NO.	City of Town		County	21016
	t de		at work of work	a hassital) att	6	1 6	7/	10 60	10 2/1	\$ 10	(2-11	7
	Ste Branch		220. I certify that (I) (thi	ive on	ended the deceose	9 ond	that in mi	(our) opinion	dooth ocquered	, 19	, tho	t(I) ()we) lost
	The head		couses stoted above	(I) (we) (did)		pody ofter de	eoth.) (our) opinion	deoin occurred	on the ac	ne ona nour	ond from the
	AT CTO		22b/SIGNATURE .	H	Hay	m	7			220	DATE SIGNED	1/
	L OR ATTEND be retained DIRECTOR: A ge 3 shauld liled with the S		11/1/1/1/1	VIMAI	WILLIS	DEGRE	ATTENDING PHYS.	DIRECTO	R STAFF PHYS.	n z	1241	06
	L D AL		22d. PHYSICIAN'S	The state of the	1		11110.		6 1	0/	1-1	
	TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached for us shauld be filed with the State Dept. af Healt		NAME (Type) Law 15	14/11/0	n Dens	res, 5	22e. ADDR	106 BU	relle	Sels	ropie	ma ma
	Je Control	230.	BURIAL, CREMATION, 23b. D	ATE	23c. NAME OF (EMETERY OR C	REMATORY	23d.	LOCATION (City or	Town)	(County)	(Stote)
	o dir dir		REMOVAL (Specify) 3/	27/60	0-		oln Ce		Washing		(00.11)	(5.5.5)
	1/1	24.	FUNERAL DIRECTOR	2/109	84340000	a Lanc	on e			PEGISTPAP'S	SIGNATURE	
	VR A15 400	100	Muchan	REES				DATE DATE	1969	Ching	En ased	ce.
	The state of the s	لللياد	arner E. Pumphi	ey, Inc.	, Silver S	pring,	Md.	DAIL			1	-



					i jakeni	04024
	E AE		1 1000	cidence)	40000	
				nalmean)		Nfc i
				nd.		201.735
			Manager of	Javan Javan		
		.0.5			A PERSONAL PROPERTY.	
				2000		2.00
		P.O. DOW	alegas tempetal		(SP1-010)	
				and alous		
		280.3	ribinali S.	Security Security		
	or in			.a., .m., .m.	toffal .E .V	
. []	6 th	1.134		fiel bhi		

	MARTLAND STATE DEPARTMENT OF HEALTH
11	04025 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	U4UGU - U4010
1	Berinie Comment of Denii
€ 55E	(Type or print) Month Day Year 1645
de de	Drotting March 19 19 19 10 PM
P 75 - P	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years if under 1 YEAR IF UNDER 24 HRS. light and day) MONTHS DAYS HOURS MIN.
aft aft	MALE WHITE 12-15-05 Ight months Days Hours MIN.
urs Urs	
hin 24 haurs after death fulled in by the funeral papers. Pages P and thin 72 haurs after death	COUNTRY) O NEVER MARKIED NEVER MARKIED
24 i d i 727	The state of the s
i Bar	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. Kind of Business or
1 E 2 2 2 2 2 3 2 3 3 3 3 3 3 3 3 3 3 3 3	3:10EP SPEING give street address) these. during most of working life, even if retired 3. INDUSTRY
ed within	130 LISUIAL RESIDENCE (Whore deceased lived if institution: Residence heters 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREET AND NUMBER
ecuted within 24 completely fulled ave carbon pape y event, within 7.	admission) STATE Md. 136. COUNTY MOUT GOMER S: LUERSA LYES NO 8107 EASTERN ADE.
CO COI	
e e e	14. FATHER'S NAME First Middle Lost IS, MOTHER'S MAIDEN NAME First Middle Lost
be he dir	BENJAMIN DROTMAN, KATE TLEISHER
ate lea an	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INVORMANT Address Yes, no. or unknown) (If yes give wor or dates of service)
hys Al,	Jessie Destina 7723 (poton Rd Bettin)
no n	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
re din	PART I. DEATH WAS CAUSED BY:
Jea mit ar	IMMEDIATE CAUSE (a) VINTULATION VINTULATION 30 MILLION
ath an	DUE TO, OR AS A CONSEQUENCE OF DECENTION OF THE PROPERTY OF TH
the the	(Conditions, if any, which gave) (b) and which gave (b) and which gave (c) 2 years
ha. 3y an	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF , M' } myocardial infanction
- icia	lost. (c) Dealodas wolls tus
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death stained by the haspital or attending physician. CTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral shauld be detached far use as the burial-transit permit. Then please remave casbon papers. Pages 1 and 3 shauld be detached far use as the burial, crematian, ar removal, and in any event, within 72 haurs after death in the State Dept. of Health priar to burial, crematian, ar removal, and in any event, within 72 haurs after death	PART 2. OF HER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT/RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
D S S S S S S S S S S S S S S S S S S S	
ding een the rr to	200 DATE OF OPERATION 196. CONDITION OF WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES WERE FINDINGS CONSIDERED IN CERTIFYING
te law re tending as been as the priar to	190. DATE OF OPERATION 19b. CONDITION OR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YEU WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
YSICIAN: The law raspital or attending certificate has been hed far use as the bit. of Health priar to	19a. DATE OF OPERATION 19b. CONDITION OR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YEU WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO CAUSES OF DEATH? 121a. ACCIDENT WAS UNDERLYING 121b. TIME OF INJURY 121c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.)
or or are	
A 当 语 记 H	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical examiner) P.M. 19 2 1d INNURY OCCURRED 2 to PLACE OF INNURY (AT HOME, FARM, STREET, FACTORY, 1) 21f IOCATION Street or R.E.D. No. City or Town County State
(SI)	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while
PH)	
t de t	22a. I certify that (I) (this hospital) ottended the deceased from
by by be be	22a. I certify that (I) (this hospital) offended the deceased from 1957, 10 7, 10 7, 10 1,
be ed he	saw the deceosed drive on 5 19 19 7, and amort in (my) (our) opinion death occurred on the date and hour and from the
P di	
Wils S S S S S S S S S S S S S S S S S S S	22b. SIGNATURE STAFF 22c. DATE SIGNED 22c. DATE SIGNED
Pe ed ed	DIRECTOR PHYS. DIRECTOR PHYS.
A A I A I A I A I A I A I A I A I A I A	22d. PHYSICIAN'S JASON GELGER, M.D. 22e. ADDRESS FUO PERSHING DRIVE
ERA B	NAME (Tyde) JASIN GELVER, M. J. STLVER SPRING, MD.
UN Set of sulfer	230 BURIAL CREMATION, 23b DATE / 236 NAME OF CEMETERY OF CREMATORY 23d 10CATION (City of Town) (County) (State)
TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspit TO FUNERAL DIRECTOR: After this certifi director, page 3 shauld be detached ishauld be filed with the State Dept. of	REMOVAL (Specify) 3/21/69 Beth Motor Com. Willards his
	24 FUNERAL DIRECTOR ADDRESS (250 REC'D RY REGISTRAR 250 REGISTRAR SIGNATURE
VR A15 A4 30M REV, V S	D SO DESTRUCTION
ann ver. Kook	BEIZNARD DANZANSIEJ ESONS - WASHING & DANMAR 24 1969 Julianes Judges



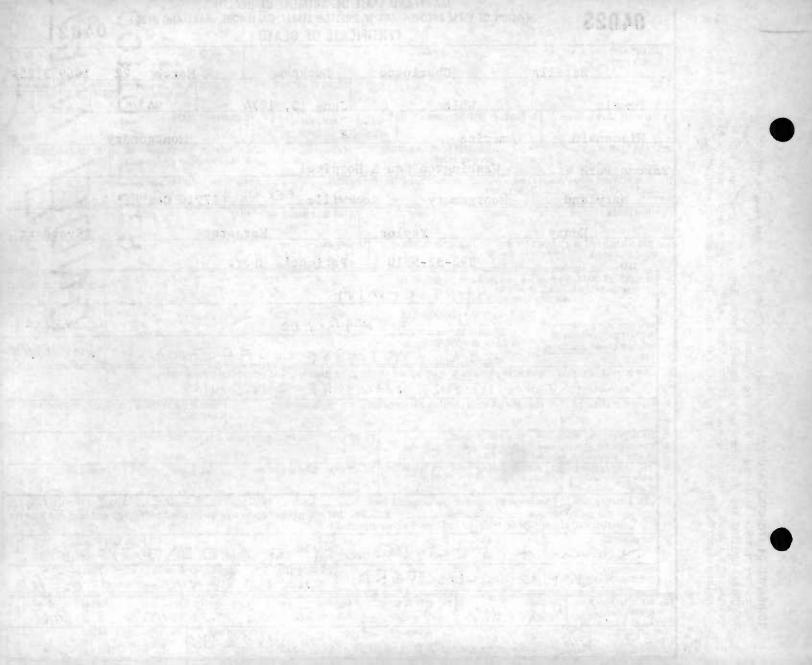
Harris Capaderra do car de Presuprada

80, 1969 c3	nerella del		postanii baril	
	1,008	, 22	5-17 (
	even and or or o			and var
	CONTACT CONTACT		1 4 100	nlvormolic
			Trans that	hasiring
attalization	scenesi		amoni	thisland
. Dil , nizota	ileown, 221, No	, bustahi	10/454-6-5	
		And S		
		2		

3.65 Mr + 100 1

4-1		04027	DIVISION OF VITAL RECORDS, 301	TATE DEPARTMENT OF W. PRESTON STREET, BA TIFICATE OF DEATH	LTIMORE, MARYLAND 21201	04020
death.	(ECEASED-NAME First Type or print) Frankl	Middle in Richard	lost Bruns	2a. DATE OF DEATH Narch Doy	2b. Hour 12:30
naurs after death. Toy the funeral Poges hand 2 hours after death.	3. \$	Lale	4. RACE White	5. DATE OF BIRTH September	6. AGE (In years lost birtheay) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
24 haur	COU	BIRTHPLACE (Stote or foreign ntry) New York	America : WII	ARRIED NEVER MARRIED DOWED DIVORCED	9. COUNTY OF DEATH Montgomery	, Md.
be executed within 24 haurs after death and completely filled in by the funeral exemove carbon papers. Pages hand in any event, within 72 hours after death		CITY OR TOWN OF DEATH Takoma Park	11. NAME OF HOSPITAL OR INSTITUT give street oddress) Washington Sanit	tarium & Hops	SUAL OCCUPATION (Kind of work done most of working life, even if retired.) Protective Agency	12b. KIND OF BUSINESS OR INDUSTRY
comple to the comple to the comple to the comple comple to the complex to the com	adm	ission) STATE Lary Land	13b. COUNTY Flontgomery Tal	Koma rark	NO□ 517 Alban	y Avenue
		FATHER'S NAME First	Middle Lost Liam Bruns	1S. MOTHER'S MAIDEN NAME	Hadwig Ha	nfield
ertificate be physician nen please	,	10	ar or dates of service) 120-12-6875	17. INFORMANT Patinet's	Address chart	
it the death of the attending sit permit. The nation, or rem		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSEI IMMEDIA Canditians, if any, which gave) rise to immediate cause (a).	Y one couse per line for (o), (b), and (c), (b) BY: TE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b)	ARREST WRY ARTI	ere olscrue	APPROXIMATE INTERVAL BETWEEN ONSFI AND DEATH Many Thy
equires tha physician. signed by buriol-tran burial, crer		stating the underlying cause last.	(4)	OSCHEROS	4	4 ELAPS
4: The law requires the ar attending physician te has been signed by use as the burial trainalth priar to burial, cre	NOI	DIABI	DITIONS CONTRIBUTING TO DEATH BUT NOT REI			
IAN: The law read of an attending icate has been far use as the Health priar to	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PERFORM	YES NO		
SICIAN spital a ertificat ed far c af Hec	MEDICAL C	21o. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (If either, notify medical examin	H HOUR A.M. Month Day Year P.M. 19		ter noture of injury in Port 1 or Port 2,	
DING PHYSIC by the haspii (fter this certii be detached State Dept: af		While Nat while ot work at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)	21f. LOCATION Street or R.F.D. I		Caunty State
Page 4 may be retained by the haspital ar To FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Healt		saw the deceased al	s hospital) ottended the deceased frive on 196, (I) (we) (did) (did not) view the body	2. and that in (my) lour) a	pinian deoth occurred on the da	67, tho (1) (we) last te ond haur and from the
AL OR ATT by be retain L DIRECTO age 3 shar filed with	i i	22b. SIGNATURE	2 Terl M	DEGREE PHYS.	DIRECTOR PHYS. 3	DATE SIGNED -19-69
O HOSPITAL O Page 4 may be O FUNERAL DIF director, page shauld be filed	00	22d. PHYSICIAN'S NAME (Type) OH A	12-FORD n	3,555		mo 20903
	L	BURIAL CREMATION, REMOVAL (Specify) SEUNERAL DIRECTOR	ATE 21-1969 233. NAME OF CEMET	ERY OR CREMATORY Donnelary	236 LOCATION (City or Town) OKOUKOULE BY REGISTRAR 25b. REGISTRAR'S	(County) (State)
VR A15 (4) 45M - 1/69	8	lettur White	s alleurder	TO CHOCOATE WI		reas years.

SECTION TO THE DESIGN OF THE PROPERTY OF THE P



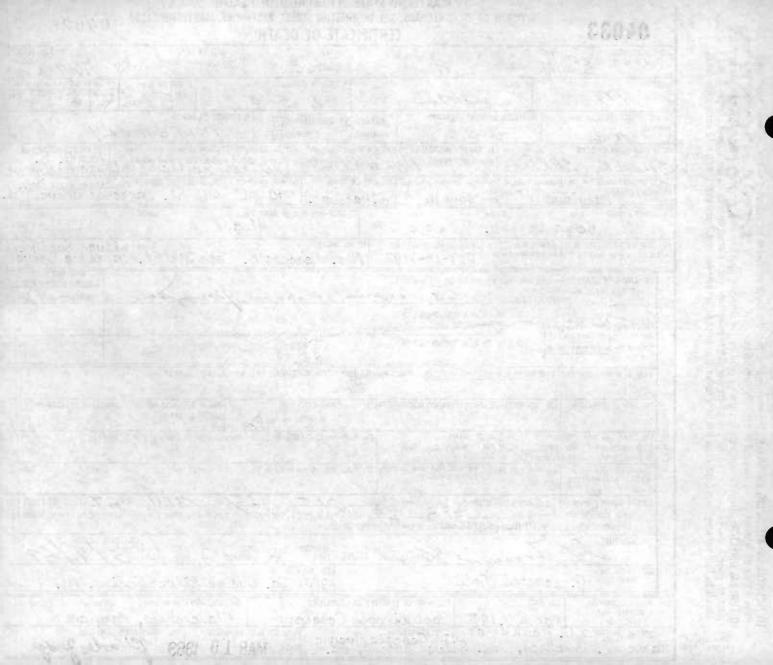
23039 Superior Correspond to the second control of the second control of

12	04030	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALL CERTIFICATE OF DEATH		04023
~ d 1.	DECEASED-NAME Fire	st Middle	Last	2a. DATE OF DEATH	2b. HOUR
event, within 72 haurs after death.	(Type or print)	nnie Harrison	n Burwell	3 Manth 12 Day	69 Year
3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
L	Female	Negro	9/30/1887	last bythday)	MONTHS DAYS HOURS MIN.
(a. BIRTHPLACE (State or foreign ountry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
15	Statesville, N.	CI. USA	WIDOWED DIVORCED	Montgomery	
ľ	Wheaton	give street address) University	STITUTION (If not in hospital Nursing Home Sch	IAL OCCUPATION (Kind of work dane nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
		eased lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	
de	dmission) STATE	1/b. COUNTY	Washington YES N	0 2822 Sherman	Ave., N. W.
1	I. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME		Last
	Rober	t Murd	ock Re	ebecca	Austin
Ti	6a. WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY		Address	The Total State
L	Yes, na, ar unknawn) (If yes giv	ve war or dates of service) 579-60-91	045 Dr. Hartford F	Burwell see 13E	Wash., D.C.
	18. CAUSE OF DEATH (Enter	anly one cause per line for (a), (b), and (c	1)		APPROXIMATE INTERVAL BETWEEN CINSET AND DEATH
	PART 1. DEATH WAS CAU	SED BY: DIATE CAUSE (a) <u>Car deec</u>	arress		unmediate
	2509	DUE TO, OR AS A CONSEQUENCE OF		1	
	Canditians, if any, which gav	e) w Arlesing.	desotic audio	rasculas deseas	al l
	rise to immediate cause (a stating the underlying caus), (D) AS A CONSTOURNER OF	00 6		
	last.	1) 10 Dialite	millions		
1	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
The same of the sa	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY? YES □ NO D	20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	21a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF D (If either, natify medical example)	EATH HOUR A.M. Month Day Year		er nature of injury in Part 1 or Part 2,	Item 18.)
	21d. INJURY OCCURRED 21 While Nat while at wark	le. PLACE OF INJURY (AT HOME, FARM, STREET, F.) OFFICE BUILDING, ETC.	(CTDRY.) 21f. LOCATION Street or R.F.D. N	a. City ar Tawn	Caunty State
		this hospital) attended the decease olive on // Masca ve, (I) (we) (did) (did not) view the	ed fram , 19. 1969, and that in (my) (our) are bady ofter death.	19, ta 12 Maids 19 inion deoth occurred on the do	169, that (I) (we) los ate and hour and from th
	22b. SIGNATURE	Ellogh	DEGREE PHYS.	MED. STAFF 22c.	DATE SIGNED
1	22d. PHYSICIAN'S NAME (Type) Walte	er E. Goozh, M.D.		9 Shorefield Road ver Spring, Maryl	
	3g. BURIAL CREMATION. 231	b. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	Bull MONAT (Specify)	/ /	y Mem. Park	Highland Park,	Maryland
2	4 FUNERAL DIRECTOR	1820 9thinges	t. N.W. 2Sq. REC'D	BY REGISTRAR 2Sb. REGISTRAR'S	
1	estet fina	Washington	D.C. DMAR	17 1969 Ollem	6. 0

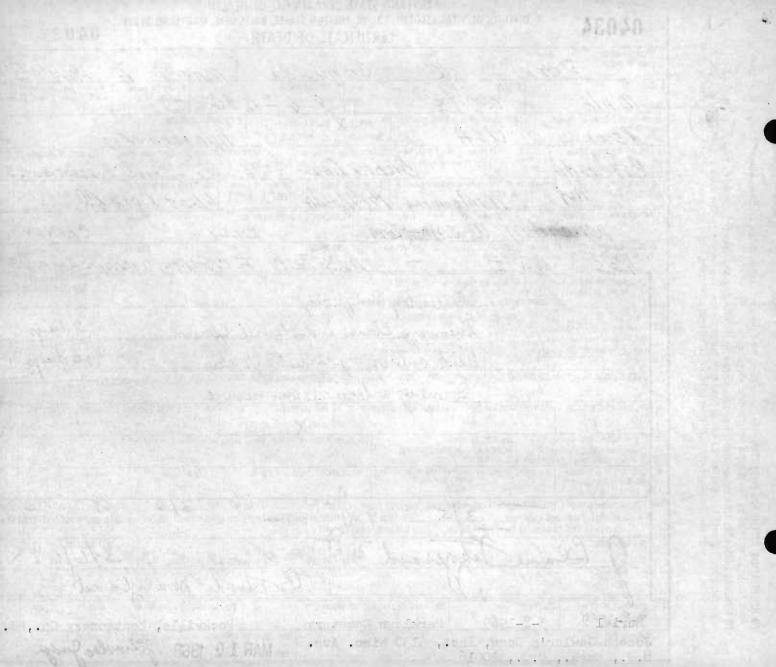
The state of the state of					8
			(day late)	100	
		100	10-0-2		
• • • • • • • • • • •					
	etatule		.		
	Direction.				
	F illian				
has been been	stone Poes		10.7	od .Section	
the state of the s					

	MERCAL OF REAL	or engorm arms of english	1.,(1.5.1)
each, Educa		Market Cost and	
1001	,5 6 - 3 -	01801	ežn•1
V I State Cross)Z.	APUT	
	in de Mouplania	A not a title to the	Jack money
	en grin strivenin	a	
Constant Street	nime uny	oogai -	
	x2/freit		67
	2-12022-200		
			and the rest
e formation of the second of the second of		Superior floors diseased in Frank Philipperior 1.3	
Y The Line Co.	All States of the state of the		The Residence of
te l'ul., silve dev me,	1430 to 1485	e. 11. 4 c 5000	12
	ing were sure	geldeny there	00134610

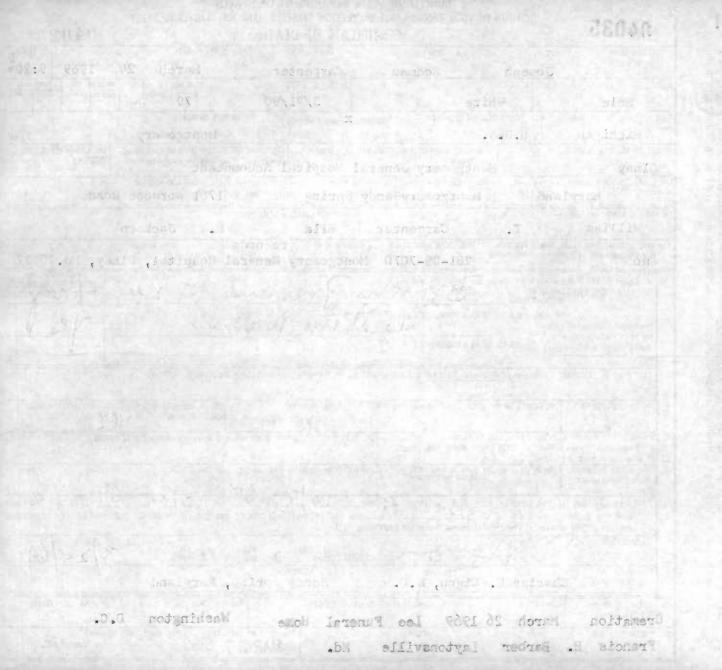
					,0,411	
and the second			all tank			
			50 01	g and	a Section	
	Talangan M					
Tolera D.	Planue M. Maria			alor ma	Ralasel	
			3011-73-01			
		Treat Lies	And and are			
	aray (th. st.					
				10 10		
glante A. prin	Here of the					
			Polytice.	-		
dia isi ginta						



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04034 04027 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after death (Type or print) MAROL 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) IF LINDER 1 YEAR MONTHS DAYS HOURS 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED [DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION Kind of work dane 12b. KIND OF BUSINESS OR give street address) during mast of working life, even if retired.) INDUSTRY ELECTRONICS Kerlkeo event, 13a, USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE and in ony 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle CAMITRON 1166 ottending physicion sermit. Then please ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, na or unknown) or removal, 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND OFA PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) -tronsit Lulmener rise ta immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause buriol PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low re Page 4 may be retained by the haspital or attending renews arlerepalleris zervere. 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 20o. AUTOPSY? OS CAUSES OF DEATH? YES X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF CEATH HOUR A.M. Manth Doy Year (If either, natify medical exominer) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at wark at wark FUNERAL DIRECTOR: After 22a. I certify that (I) (this hospital) attended the deceased from. func 1966, ta 1969, and that in (my) (our) apinian death accurred an the date and haur and fram the saw the deceased alive an_ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE ATTENDING MED. DIRECTOR director, poge. 22d. PHYSICIAN'S 22e. ADDRBSS NAME (Type) hould 23a. BURNAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 3-8-1969 Parklawn Cemeterv Rockville. Montgomery Co., Md 25b. REGISTBAR'S SIGNATUR on Gawler's Sons, Inc., 5130 Wisc. Ave. 2Sa. REC'D BY REGISTRAR DATE MAR 10 D.C. 20016



MAKTLAND STATE DEPAKTMENT OF MEALTH



								(IAND 01001				
4,	/2/69 kk	DIAISION								040	129	
1	ACCEACED ALAME	1141131	2 WEDI		C2 CEKI		UF DEATE					
		hirst		Middle					Month	Doy	Yeor	2b. HOU
				Melvin			ir mulica an mar	DEATH MATED [12	1969	715
				RTH 6. AGE			HOURS MIN.			Yenr		2d. HOUR
1.		_			7 NJ.			Mar	12	1601	19 69	715
				HAT COUNTRY?		_						
				IAME OF HOSPITAL OR IN					1.1	Tan King	OF BUSIN	M.
10.			give	street oddress)	TT	t in nospitoi	during most	of working life, even	if retired.)			
120			ad 15/ad 16 1a at	Nava	12. CITY OF TO	LUAL				1	N/	A
130	dmission) STATE	Marry ar	3b. COUNTY	ution: Kesidence before						nua		
-			-	n lost						inue	1 .	
14.			LOGI			MAIL S MAIL		MTCOTOD		ralas		1 ton
160			111			DMANT	HIMIS		/	rerea	TT VVCL	TOOM
							orns rec			4 0	^	
-		1-//-			12.	THE O	or be rec	0140	0-2-1	API		
	PART I. DI				ton4+4.	330				-		
1	915	IMMEDIA			COUTCI	5				10	3 00,	no
	Conditions, if o	ny, which gove			nde of	ahdam	a 12			- 5	-2 d	ans
					nas or	andome	211				0,00	_1
	lost.	derlying couse	502 15, 0									
	PART 2 OTHER S	IGNIFICANT COND	TIONS CONTRIBUT	TING TO DEATH BUT NOT	RELATED TO TH	TERMINAL DI	ISEASE OR CONDIT	ION GIVEN IN PART 1/	n)			
							ON COMPT	ON SIVEN IN TAIN I	0,			
TION	190. DATE OF O	PERATION			HICH OPERATIO	N				20.	AUTOPSY	?
TIFIC				WAS PERFORMED?							YES 🔀	NO 🗌
	210. EXTERNAL C	AUSE WAS				W INJURY OC	CURRED (Enter no	ture of injury in Port 1	or Port 2, I	tem 1B.)		
ICAL	CAUSE OF DEATH	CONTRIBUTING [3360UR A	M. Jan 18 196	9 She	ot by	another	man				
ME	21d. INJURY OCC	URRED 21e. f	PLACE OF INJURY	(At home, form, street,				City or Town	£2.00	County	10-3	Stote
	AT WORK AT	WORK TO	fory, office buildi	ng, efc.) Street		203 No	orth Ead	en St. Bai	ltimor	e		Md.
			aak charge af	the remains describe	d abave, hel	d an Auta	psy 🕱 li	nspection k.	Inquiry x	, an	d in my	apiniar
1			-									
	236733	0 6)	0.00	5.00							
	ACTUAL	John	m s	1 Fall					22b. DATE	SIGNED		
	EXAMINER'S	0			144.1			and the same of th	13 M	larch	1969)
L	NAME (Type)	John G.	BALL,	M. D.		ADD	RESS(Street, city,	own, or county)				
230	BURIAL, CREMAT	ION, 23b.			EMETERY OR C	REMATORY	23	d. LOCATION (City or 1	ľown)	(County)	(Ste	ote)
						ional					Md.	
24.								EGISTRAR 2Sb.	REGISTRAR'S	SIGNATURI	MAR	
	1400 Ch	apin Sti	reet, N.	W. Washing	ton, D	.C.	DAMIAM Z	0 1303 /		0	0	
	10. 1 130. 0 10. 11. 11. 11. 11. 11. 11. 11. 11.	1. OECEASED-NAME (Type or Print) 3. SEX Male 70. BIRTHPLACE (Stote country) Mar; 10. CITY OR TOWN OF Bethesd: 130. USUAL RESIDENCY Odmission) STATE 14. FATHER'S NAME 160. WAS DECEASED EVI (Vano or unknown odmission) STATE 160. WAS DECEASED EVI (Vano or unknown odmission) STATE 170. Conditions, if or insection of unknown odmission of unknown odmission) STATE 180. CAUSE OF PART 1. DI 210. EXTERNAL OF OIL OIL OF OIL	1. OECEASED-NAME (Type or Print) James 3. SEX Male 70. BIRTHPLACE (Stote or foreign country) Maryland 10. CITY OR TOWN OF DEATH Bethesda 130. USUAL RESIDENCE (Where deceos odmission) STATE Maryland 14. FATHER'S NAME First Walyands 160. WAS DECEASED EVER IN U.S. ARMED F (Yas no or unknown) 19512 18. CAUSE OF DEATH (Enter only part 1. DEATH WAS CAUSE OF DEATH WORK AT	1. OECEASED-NAME (Type or Print) James 3. SEX Male 1. OECEASED-NAME (Type or Print) James 3. SEX Male 1. OECEASED-NAME (Type or Print) James 3. SEX Male 1. OECEASED-NAME (Stote or foreign Oct 70. BIRTHPLACE (Stote or foreign Country) Maryland 10. CITY OR TOWN OF DEATH Bethesda 130. USUAL RESIDENCE (Where deceosed lived, if instite odmission) 14. FATHER'S NAME First Maryland 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yan poor unknown) 1951-1000 f service) 18. CAUSE OF DEATH (Enter only one couse per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OI Conditions, if ony, which gove rise to immediate couse (o), stoting the underlying couse lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS 190. DATE OF OPERATION 190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS PRIMARY OF DEATH 211. Injury OCCURRED AT WORK 210. EXTERNAL CAUSE WAS PRIMARY OF OCCURRED AT WORK AT WORK 210. I certify that I taak charge af death resulted fram: Natural cause was primary of occurred and death resulted fram: Natural cause was primary of occurred and work of the work o	DIVISION OF VITAL RECORDS, 301 W. P. 1. OECEASED-NAME (Type or Print) 1. OECEASED-NAME (Type or Print) 3. SEX	DIVISION OF VITAL RECORDS, 301 W. PRESTON STA 1. OECEASED-NAME (Type or Print) 3. SEX MALE Negro Oct 20, 1931 3. FIRST Male Negro Oct 20, 1931 3. FIRST Maryland 10. CITY OR TOWN OF DEATH Bethesda 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before list. CITY OR TOWNSION) Odmission) STATE Maryland 14. FATHER'S NAME First Walter Middle USA 160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yagno or unknown) 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c), PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), storing the underlying couse 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATIO 190. DATE OF OPERATION 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATIO 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATIO 190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATIO 191. CONDITION FOR WHICH OPERATIO 192. CONDITION FOR WHICH OPERATIO 193. CONDITION FOR WHICH OPERATIO 194. CONDITION FOR WHICH OPERATIO 195. CONDITION FOR WHICH OPERATIO 196. CONDITION FOR WHICH OPERATIO 196. CONDITION FOR WHICH OPERATIO 196. CONDITION FOR WHICH OPERATIO 197. CAUSE OF DEATH 210. EXTERNAL CAUSE WAS PRIMARY AND OR CONTRIBUTING 211. EXTERNAL CAUSE WAS PRIMARY AND OR CONTRIBUTING 212. EXTERNAL CAUSE WAS PRIMARY AND OR CONTRIBUTING 213. BURIAL, CREMATION, REMOVAL (Speedry) 214. FUNERAL DIRECTOR W. W. Chambers Co. ADDRESS	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALT 1. OECEASED-NAME	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY 1. OKEGASED NAME 1/15	LOEGASD NAME CARTER LOST LOEGASD NAME LOEGASD NAME LOEGASD NAME LOEGASD NAME LOST LOEGASD NAME LOEGASD	DEFENSE PARME CARTER CAR	1.0 CEEASSO NAME CAUSE C	1.0 CECASED NAME

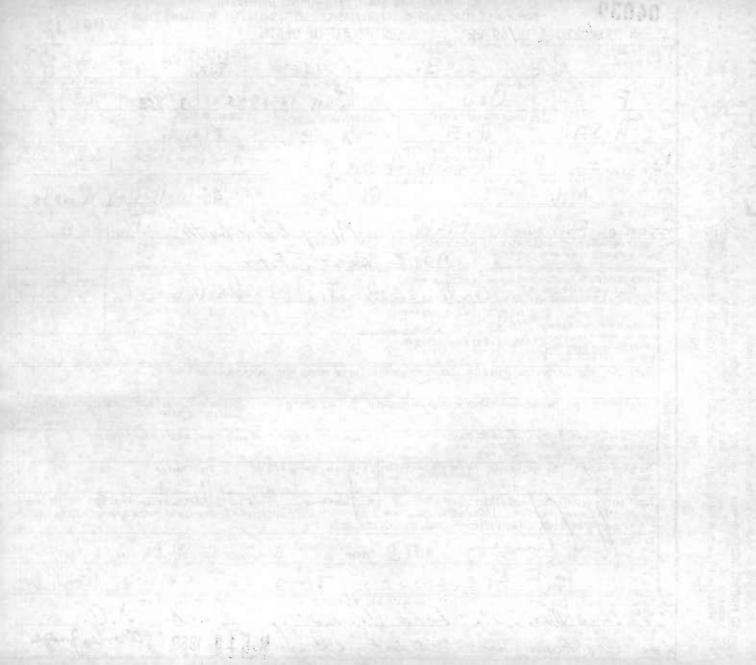
				20030	
KIT D		THE REPORT OF THE PARTY OF THE	#1729K	The state of the s	
	Erropina.		4.3	i de la compania	
		d the state of			
AV					
	ATTENA ORUS LOYS		4.1	pro vent 4	
	at least by the	CAN'S A	versel salahi	agrafi.	
	A LANGE OF	word made on the	ट्रांक १० द्राह	A0 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	
43.00			nalizacji pravate		
			SECTION AND PARTY OF		4
			. Enura de la lica		
		in the long of Jose			
. 686	e granting of .43	galant affilial 809	- sould		
196901	musel I			ing and C	
1975	September 1	n was both factor of			Service L
				outs on the ob-	
			000 0000		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04037 04030 CERTIFICATE OF DEATH DECEASED-NAME First Last 2a. DATE OF OEATH 24 hours after death. death. 2b. HOUR signed by the attending physican and campletely filled in by the funeral buriol-transit permit. Then please remave carban papers. Pages I and burial, cremation, ar removal, and in any event, within 72 hours after death (Type or print) Christopher Cassimus Manth Dane 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS White 12-24-90 last birthday) Male 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED A NEVER MARRIED country) Canada Amer-Montgomery WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR San & Hospital winds most of working life even if retired.) Houstry Takoma Park 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery YES X 11505 Higby St Wheaton 14. FATHER'S NAME Middle Last 15. MOTHER'S MAIDEN NAME First Last Danny Cassimus XXXXXXX Pearle 17 INFORMANT Mary L. Cassimus 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. mus Address wife S.S. Md Yes, no, ar unknawn) 228-05-0322 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c),) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) COROLAR & OCCUSION - ACUTE MYOCARE DIAL DUE TO, OR AS A CONSEQUENCE OF ARTERIOSCLEROFICE CARDIOVASCULAR DISCASE rise ta immediate cause (a). DUE TO. OR AS A CONSEQUENCE OF attending physician. stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) EMPHY SEMA. **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta MEZLITUS. 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗔 NO DE TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from. JULY, 1957, to March 23, 1969, that (1) (we) lost causes stoted obove, (I) (we) (did) (did not) view the body ofter deoth. 22b SIGNATURE ATTENDING morect. 26 DEGREE 22d. PHYSICIAN'S 22e. ADDRESS 7733 AZASKA ALENLE RICHMARMO NAME (Type) WASHINGERN 20012 23a. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Spesify) Parklawn Cemetery Rockville. Montgomery Then Caller 434 Good Egia Avenue 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Warner E. Pumphrey. Inc. Silver Spring. Md. Williamlan Verdage

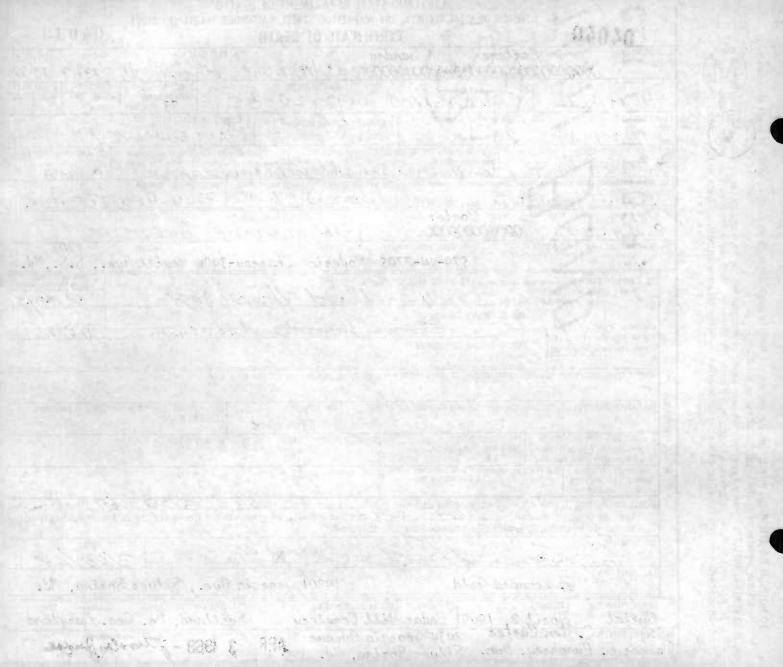
The property of the second second second		1 04037
ent of the second	histophies Owns	
		6.54
	of Marine	winter I
+ waste and the same way was all the	A not man all	Waters Park
reston		Enter Contact
Barrer MAGREE	noris	Daywe Con
1	5500-30-850	Supervisor.
m Courtain Smoked In Marketiness, Tal.	40+247' 0	
m Cearcasu (noverll) him tonice st. Tal. Business C. M.		Araja .

				88000
N da			nortal (14)	
		19/19/91	Antenous?	#Lill
	removement.		.4.8.0	N.Y.
voo .8.75	Dinimon of the	Jana .H.Hwol	.11115-15	Chavy Chase
	. FARE INS!	× X norminal	-10 and and and	0.0.0
10189	499 814	2028	Lawren .	Francis C
	Light dame of the	nymab . v ndat _ADSS	AN CONT.	Royal III
		D.		
	• 11210 ; 114 ; 117.1	(201 tour	i Diener	ACRES STATES
1 - 2/101	well , torr		SARAGO No,5130 Weakeag	

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04032 Item6 FilmG410 3/14/69 kk CERTIFICATE OF DEATH Lost DECEASED-NAME Middle **First** 2b. HOUR. death. within 24 haurs after death 1 and (Type or print) Month Dov 6 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last biethea DAYS HOURS 7o. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED country) WIDOWED TO DIVORCED [On remove carban pape fille Filles **TO FUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and completely filled director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban pages hauld be filed with the State Dept. of Health prior ta burial, crematian, ar remaval, and in any event, within ID. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hespital 12g, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR e street oddress during mast of warking life, even if retired.) INDUSTRY 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER executed odmissian) STATE 13b. COUNTY 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First First Lost Leovap requires that the death certificate 16g, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (If yes give war or dates of service) Yes, no. ar unknown) none APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a) (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF **10 HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the hospital ar attending physician. stating the underlying cause last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TENDING PHYSICIAN: The law 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO T 21b. TIME OF INJURY 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year P.M (If either, natify medical exominer) (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street ar R.F.D. Na. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark 22a. I certify that (1) (this haspital) aftended the deceased from Murey, 19 65, to Wardy 2 19 69, and that in (my) (aur) apinian death accurred an the date and haur and fram the Merce (1) (we) (did) (did nat) view the bady after death. causes stated above. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF DEGREE PHYS PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23d. LOCATION (City or Town) BURIAL, CREMATION. 23b. DATE NAME OF CEMETERY OR CREMATORY (Caunty) (State) REMOVAL (Specify) FUNERAL DIRECTOR VR A15 (4) 30M REV. 1/68



CLER	ARED .	. 1			MARYLAND STATE DEPARTMENT OF HEALTH	
With		دء			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	01000
MED				04099	The state of the s	04033
EXA	MINER			CEASED-NAME First	THE COURT OF THE PARTY OF THE P	2b. HOUR
	\$ (1)	V.	(1	ype ar print)	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	1969 10 AM
	affer Total		3. SE		4. RACE S. DATE OF BIRTH 6. AGE (In years IF)	UNDER 1 YEAR IF UNDER 24 HRS.
				FEMALE	CAUCASIAN 12-20-35 lost birthdoy) YRS. MOI	NTHS DAYS HOURS MIN
	24 haurs d in by pers. Pa 22 hours		COUL	STRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED POINT GOWER	. /
			10.0	ITY OR TOWN OF DEATH		Md. 12b. KIND OF BUSINESS OR
8	d within letely fill carban or	71	7	AKONA PAR	give street address) WASHINGTON SAN HOSPITAL AD WILLIAM HOSPITAL	INDUSTRY
1		15	13a. admi	USUAL RESIDENCE (Where decear	sed lived, if institution: Residence before, 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	it- A.
1/2	execut nd com emave any ev	~	14 F	ATHER'S NAME First	1 Middle Jowler Lost 15. MOTHER'S MAIDEN NAME First Middle	111 noe
E	0 0 = =	1	(HARLES	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	Last
1/	ate trician	-	16a.	WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	#207
0	eath certificate bending physician nit. Then please or remaval, and i		-	Vo	vor or dates of service) 579-44-7705 Roderick Charron-3404 Hewitt Ave	
V	attending permit. The			 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE 	ly one couse per line for (o), (b), ond (c).)	APPROXIMATE INTERVAL BETWEEN GINSET AND DEATH
D	end mit.			IMMEDI.	ATE CAUSE (a) Subavachroid Hemotrhage	2 9445
. K.	att peri	83.3	3	4509	QUE TO, OR AS A CONSEQUENCE OF	
0	the sit practice			Canditions, if ony, which gove rise to immediate cause (a),	(b) Cerebral Vascular Aneurysm	11 cars,
0	that the dian. by the attransit perr			stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	
16	equires that the physician. Signed by the burial-transit burial, cremat			lost,	(c)	
12	sign phr			PART 2. OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
7	law r nding been s the iar ta		NO	190. DATE OF OPERATION 196.	COUNTY OF THE PROPERTY OF THE P	
1	S o S o C	2	CERTIFICATION	190, DATE OF OPERATION 190.	CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSI	DERED IN CERTIFYING
X	01 4	OK	ERT	21a. ACCIDENT WAS UNDERLYIN	YES NO X	
2			MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT (If either, notify medical exomit	H HOUR A.M. Month Doy Yeor	18.)
1	HYSI cer che che		ME	214 INTIDY OCCUPATE TOTAL	CLASS OF HUMBY AND PROPERTY CONTRACTOR OF THE PR	ounty State
3				ot work ot work		
	by the free be de	- 8		22a. I certify that (I) (th	is haspital) attended the deceased from, 1963, ta3/29, 196	7, that (1) (we) last
D	30 70			saw the deceased a causes stated abave	live an 3/27 1967, and that in (my) (our) apinian death accurred an the date of the date	and haur and fram the
0	retair retair retair RECTO 3 sha with	10		22b. SIGNATURE	22c. DATE	SIGNED
4	AL OR 1y be r L DIRE age 3 filed w	,		6.05	DEGREE PHYS. DIRECTOR DIRECTOR PHYS. 3	29/69
K	may be RAL DII	1-		22d. PHYSICIAN'S NAME (Type)	Cennard Gold 9801 Georgia Ave. Silver Sp.	M.I
N	OSPI NER ctar,		22-			
12	TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		230.	BURIAL, CREMATION, 236.	DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (City or Town) (Color 2. 1969 Cedar Hill Cemetery Suitland, Pr. Geo	County) (Stote) Maryland
V	Typ A. O	20		FUNERAL DIRECTOR C. Glen		
	45M - 1	Es.	Wo	irner E. Pumphi	ey, Inc. Silver Spring, Md. DATE PR 3 1969 256. SEGISTRAR'S SICH	a freda



BOR STATE		ems 18- 2-69 am	22a Fili s DIVISION	OF VITAL RE	CORDS, 301	W. PRESTO	ARTMENT OF N STREET, BALT ERTIFICATE	IMORE, M		ND 21201		04	034	
HEALTH DEPT.		ECEASED-NAME Type or Print)	JOEWA		Midd		Lost	OI DL		OF ES			Yeor 19 69	2b. HOUR
any delay is 2, and 3 ta PM3. Page	3. 51	Male	4. RACE Negro	5. DATE OF BIRT		6. AGE (In years lost birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24	HRS. 2c	DEATH MATE PRON	HOUNCED DEAD	Yeo		2d. HOUR
- E (A)		BIRTHPLACE (Stote	or foreign 71	D. CITIZEN OF WHA		8. MA	RRIED NEVER MAI	RRIED KOK		Y OF DEATH			1909	PM
9 4 5		Olney		II. NA	ME OF HOSPITAL		(If not in hospital 1 Hospita	during	UAL OCCUP	PATION (Kind orking life, d	d of work dans even if retired.	e 12b. KIN INDUSTR	ND OF BUSIN	NESS OR
18. Give Page along with along with with the Str death.	130.	USUAL RESIDENC dmission) STATE	E (Where decease	d lived, if institut	tiony Residence	before 13c, CITY		d. INSIDE CITY LIA	1.0	e. STREET AN	ND NUMBER Free tow	n Roa	ıd	
24 hours in Item 11 in Item 11 in Item 12 in Office is 1 and 2 is after d	14. F	ATHER'S NAME	First Unkr	Middle		Last	1s. MOTHER'S MAIL	DEN NAME Els	ie (Clark	Middle		lost	
hin ncil ninel page hau		WAS DECEASED EV es, na, ar unknaw	ER IN U.S. ARMED FO n) (If yes give w	DRCES? ar or dates of service)	16b. SOCIAL SECU 217-34		7. INFORMANT Elsie	Clar	k: s	same	ab ab	ove:		
be executed wit "pending" in pe lief Medical Exan ansit permit. File event within 72		1B. CAUSE OF PART 1. D	DEATH (Enter only EATH WAS CAUSED IMMEDIAT	one couse per lin BY: E CAUSE (a)	e for (a), (b), o Bul:	nd (c).) Let wou	nd of ab	domin	nal a	orta	with		APPROXIMATE I TWEEN ONSET A	
be executed "pending" in nief Medical E ansit permit. F event within		Conditions, if a	ny, which gave)		AS A CONSEQUE	NCE OF	exa	angui	nati	lon				
certificate shauld be exerting the word "pel rwarded to the Chief ssed as a burial-transit noval, and in any ever		stoting the un-		DUE TO, OR	AS A CONSEQUE	NCE OF								
writing the writing the warded to warded to sed as a bu loval, and in	N	PART 2. OTHER S	IGNIFICANT CONDIT	IONS CONTRIBUTION	NG TO DEATH BU	JT NOT RELATED	TO THE TERMINAL D	ISEASE OR CO	NDITION G	GIVEN IN PAR	H 1(a)			
	CERTIFICATION	19a. DATE OF O			19b. CONDITION WAS PERFO	RMED?							D. AUTOPSY	NO □
20 5 .	DICAL	CAUSE OF DEATH	CONTRIBUTING [HOUR A'M		19 69	Decease another	d she	ot di	of injury in F uring	ort 1 or Port 2	pute		
	WE	21d. INJURY OCC WHILE NO AT WORK A		ACE OF INJURY (A ory, office, building	t home, form, s vern	treet,	off. LOCATION Street		Silve	City or To Pr Sp		Mont		State Md.
			certify that the	ok charge of th Natural cause		scribed abov	e, held an Auta Suicide ,	psy , Homicide	PROPERTY.	ctian (), Undeterm	Inquiry	7	ond in my	/ opinion
TY DICA yy, please estal eral director. Se retained RAL DIRECTO		ACTUAL SIGNATURE	Nell	len	14	(les		EF MEDICAL E		NER 🔲	22b. D #	ATE SIGNED		
		EXAMINER'S NAME (Type)	BELL	EN	R	The de	APINDO	RESSISTATE OF	PRAMINER CHY LOW	or spiluty)	3/16	5/1	969	7
07 = = = 0		BURIAL CREMAT REMOVALESTEC		-20,69	23c. NAI	Church	OF CREMATORY Cemete		1 5	Sandy	Spri		Md.	ate)
VR A15ME (5)	24.	EUNERAL DIRECTO	L. Si	roude	Rockv	ille,	Md.	DATE MAR	BY REGIST	1969	25b. REGISTRAI	R'S SIGNATU		Ľ,

			AND MERCHAN	
1 2 1 3 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S 1 S		Earnal Sun	byscot.	
.00		er l	07-11-3 Jane 1.	513.
	THE PARTY OF THE P		.1.2.0	0
		foliar No. 193 - 9		VOIL4
	S x = 1-11-Vaois	P 16 17 20 1	and the Windson	
alan.	(0 ∋tml = 0)			
inventa a com	as the missing as	F1.0-08-51		
da di storio di si di	and the same.			
M. Armen Balance			YEAR THE LEGIS	
0/10/10/10				200
od , gotton , we.	e kanadama	Charch	98+11-11	of at the
		edgy:13,6,		

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04035 04042 CERTIFICATE OF DEATH and 2 DECEASED-NAME First Middle 2a. DATE OF DEATH 2b. HOUR death (Type or print) S Month 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years' 10/24 PHYSICIAN: The law requires that the death certificate be exeruted within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 42b. KIND OF BUSINESS OR during mast of vorking life, even if retired.) INDUSTRY carban and completely event, 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmissian) STATE 13b. COUNTY Pemove in any 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME Last Middle physician and 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b: SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) 225-34-0872 Thuslan APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Intracranial hemorrhage, massive, left hemisphere 7days DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove burial-transit rise ta immediate couse (o). signed by DUE TO, OR AS A CONSEQUENCE OF **TO HOSPITAL OR ATTENDING PHYSICIAN:** The law requires the Page 4 may be retained by the haspital ar attending physician. stoting the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) this certificate has been State Dept. of Health prior to 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T use 21a. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or ort 2, Item 18.) 21b. TIME OF INJURY TO OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County Stote While Not while of work **DIRECTOR:** After director, page 3 shauld should be filed with the 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S TO FUNERAL G. Bowditch Hunter Edmondston Drive. Rockville. NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION, 23d. LOCATION (City or Tawn) (County) (State) BUREMOVALTSpecify) 3/11/69 Parklawn Cemetery Rockville, Maryland Pock. Pike 250 RECUBERRANGE 1969 FUNERAL DIRECTOR 25b. REGISTRAR'S SIGNATURE yson Wheeler "uneral Home Rockville, Md.

		BUNGLON OF		ND STATE DEPARTME				
/	*04043	DIVISION OF		, 301 W. PRESTON STRE		E, MARYLAND 2120	$\begin{array}{c} 0 \\ 0 \\ 4 \\ 0 \\ 3 \end{array}$	
. 2.	1. DECEASED-NAME	First	Middle	Lost		DATE OF DEATH	0403	
rs after death y the funeral Rages I and 2 brs after death	(Tuna or print)	James	Earl	Clements		Month	Doy Year	2b. HOUR
functions of the desired	3. SEX	4. RACE		S. DATE OF BIRT		6. AGE (In years	26 69	IF UNDER 24 HRS.
aftr the ages aft	Male	Cau.		12/1/		last birthday)	YRS. MONTHS DAYS	HOURS MIN
Surs Surs	7o. 8IRTHPLACE (Stote or fore		HAT COUNTRY?	8. MARRIED NEVER MARRI		NTY OF DEATH	183.	
executed within 24 haurs after death and completely filted in by the funeral smove carban pages. Pages 1 and 2 any event, within 72 habrs after death	D.C.	U.S.A.		WIDOWED DIVORCE		lontgomery		AA.A
ii Bai	10. CITY OR TOWN OF DEATH		AME OF HOSPITAL OR IN	ISTITUTION (If nat in hospital	120. USUAL OCCU	PATION (Kind of wark de		JUSINESS OR
à 5 391	Bethesda,	Md. Gros	street oddress) 5. Lane Nu	rsing Home	during mast of w	rarking life, even if retire my Map Serv	rice Go	r+
car ent,	13o. USUAL RESIDENCE (When admission) STATE	e deceased lived, if instituti	ion: Residence befare	13c. CITY OR TOWN 13	d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	₹	(bea
and completely remove carban in any event, with	DAG. M	ID. 13b. COUNTY	gomery	Washington	YES NO	4316 Locus	t Lane,	
rem n an	14. FATHER'S NAME First	Middle Middle	Last	15. MOTHER'S MAIL	DEN NAME First	Middl	0	Last
d is a	Jam		Clemen		Clara		Po	or
physicien en please oval, and i		U.S. ARMED FORCES? If yes give war or dates of service)	16b. SOCIAL SECURITY		The state of	Addres		
Z = S	No			439 Mrs. D.C.	McNulty	5909 Sonoma	Rd.,Beth	.,Md.
rem rem	18. CAUSE OF DEATH (Enter only one cause per lin S CAUSED BY:	ne for (a) (b), and (a)	.)			BETWEEN ON	SET AND DEATH
attending properties of the parties	1501	IMMEDIATE CAUSE (a)	- ven	Lyin_			a uu	relay!
the a sit pe natiar	Canditians, if any, which		CONSEQUENCE OF	200	1 fel	- 7	. 3./	
has been signed by the se as the burial-transit hariar ta burial, creme	rise to immediate cou	se (o), (b)	S A CONSEQUENCE OF	- Colan	Mari	up on co	14 3/1	Jus,
be	stating the underlying last.	cause (c)	D A CONSEQUENCE OF				/	
signed by the attending physical and complet burial-transit permit. Then please remove car burial, crematian, ar removal, and in any event,	PART 2. OTHER SIGNIFIC	ANT CONDITIONS CONTRIBUT	TING TO DEATH BUT N	OT RELATED TO THE TERMINAL I	DISEASE OR CONDITIO	ON GIVEN IN PART 1(o)		
ertificate has been s ed far use as the b . af Health priar ta b	\					.,		
as t	196. PATE OF OPERATION 21 of Accident was un	196 ONDITION FOR WHI	CH OPERATION WAS PE	RFORMED 20a. AUTOPS	Y? /	20b. IF YES, WERE FINDIN	IGS CONSIDERED IN CER	RTIFYING
The The	E Jy 1- 194V	Couch of	/ Konsven	Colyn YES [NO 🕞	CAUSES OF DEATH?		
Hea	21g/ ACCIDENT WAS UN	IDERLYING 21b. TAME OF ISE OF CEATH HOUR A.M.	INJURY Manth Day Year	21c. HOW INJURY OCCUP	RRED (Enter nature	af injury in Part 1 ar Por	t 2, Item 18.)	1. 8.4
o o	(If either, notify medica	exominer) P.M.	1	9				
)ept	While Not while	21e. PLACE OF INJURY	OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street	or R.F.D. Na.	City or Tawn	Caunty	State
ite [at work at wark		- J. I sk . I	15 Cheny 11	D 10/61	Maria -11	10/0	// / · · · ·
Sto	saw theydeen	ased olive on	ecia -	ed from Cleaner 1	(our) apinion d	eoth accurred on the	19 67, that	(I) (we) last
등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등 등	causesstotes	obove (1) (did)	(did not) view the	body after death.	(our) aprillori a	eom accorred on me	e dote und noor o	na nom me
kal DiktelOk: After his certificate , page 3 shauld be detached far us be filed with the State Dept. af Healt	22b. SIQNATURE	1///	/	ATTENDING	MED.	CTAFE -	22c. DATE SIGNED	
directar, page shauld be filed	6 M	I millel		DASREE PHYS.	DIRECTOR		3/24/1	9
pe fi	22d. PHYSICIAN'S NAME (Type)	. Stuart Lyd	ldane	22e. ADDRE 3066	O St N	.W., Wash.,	D.C.	
uld								
directar, I	23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 3-29-6		CEMETERY OR CREMATORY		LOCATION (City or Town)	(Caunty)	(State)
00	24. FUNERAL DIRECTOR Devoi Funer		COVA		TERV So. RECD BY REGIS	TRAR 2Sb. REGISTR	AR'S SIGNATURE	
R AIS IT	Love Tuner	at Home, Wis	g. Ave.,	wasn., D.C.	ATAPR 1	1969 800	conton luck	ce.

T 417 939	TANKS - VINCE		
		A ¹⁰ 3.	men e Sa
	12.3	25 050	
	Cult.		5,000
	.A.8.		.0.0
politica	dros I and	Lost va	institution.
tripe -			. 7.0
rene str	memaio .ii	2500	
	and the state of the last		
1050			
	The second secon		

105.6. 33

CHIEF SHIP CASES

a. D.C. Pellul by 25 205 Senera Wil stations id.

Level rejectively alice. Ave. Charl., p.C.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04044 CERTIFICATE OF DEATH 04037 DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOUR requires that the death certificate be executed within 24 hours after death. (Type or print) Month AVID 001 ely filled in by the fundant ban papers. Pages 15, within 72 hours after a 3 SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IE LINDER 1 YEAR lost hirthday) MONTHS HOLIPS WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF U. S.A. WIDOWED [DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat-in haspito) 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) INDUSTRY rendeve carb 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c EITY OR JOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136 COUNTY 14. FATHERS NAME IS. MOTHER'S MAIDEN NAME First Last Middle Last MAX leose fr COHEN BESSIE COHEN attending physician permit. Then pleose 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT 11201 Address INSBOROUTH ROAD POTONAC, MD Yes, no ar unknown) (If yes give war or dates of service) DR. SIDNEY J. COHEN signed by the attending physi buriol-tronsit permit. Then pl burial, crematian, or remavol, 013-28-6052 APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: Respiratory Insufficiency IMMEDIATE CAUSE (a) DUE TD, DR AS A CONSEQUENCE OF Pulmonary Edema and Pleural Effusion Conditions, if ony, which gove) rise to immediate couse (o). DUE TO. OR AS A CONSEQUENCE OF stoting the underlying cause Marked Coronary Arteriosclerotic heart disease PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate hos been the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 ar Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Yeor (If either, natify medical examiner) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town Caunty While Nat while ATTENDING 22a. I certify that (I) (this hospital) attended the deceased fram-, and that in (any) (our) apinian death occurred on the date and hour and fram the saw the deceased alive an____ causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED STAFF PHYS. DEGREE PHYS DIRECTOR BERT 22e. ADDRESS MACON Viers Mill Rd. - ROCKUTHE NAME (Type) directar, should b 23b. DATE 23c. NAME OF CEMETERY OR CREMATDRY 23d. LOCATION (City or Tawn) 23o. BURIAL, CREMATION, (County) (Stote) REMOVAL (Specify) King David Memorial Garden Falls Church, ADDRESS 232 Carroll 24. FUNERAL DIRECTOR 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Donald M. Stein VR A15 (4) 45M - 1/69 Hebrew Memorial Funeral Home St. N.W. Wash., D. MAR Milayla

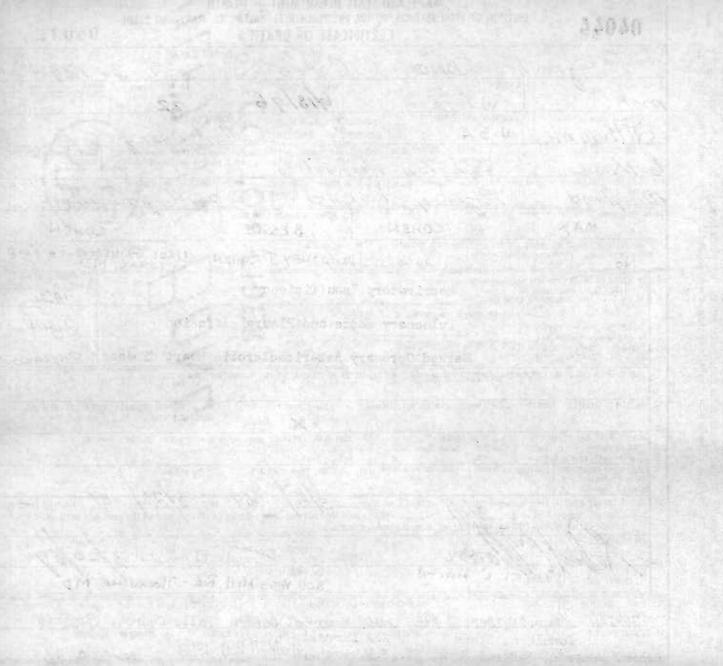
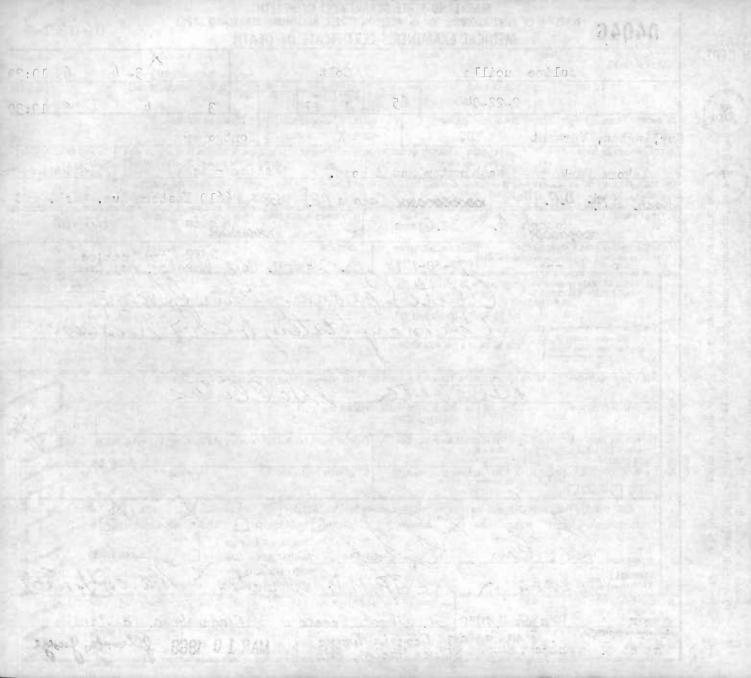


			Table of a Oxford
4 (a - ()		पूर्व हैं।	
	07,21,		To a Late
traces is not			aka aribita
Marie 10		out vize no tipo d	Clus
bana determina Idour S			
	10 Ev 1	maño:	dosab
	invoid_fraction	\$26-63m15 more	
	et.	Control of the second	
			s half
.000 (0.00)	أن مداد تا هي.		S.A.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04039 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN HEALTH DEPT. 1. DECEASED-NAME Middle First Month Day Yeor 2b. HOUR delay and 3 to Page (Type or Print) OF ESTI-Pauline Lucille Colt 69 10:30 0 DEATH MATED 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 HOURS Manth 2-22-04 F W 10:30 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? farm Give Pages 1, urlington, Vermont WIDOWED X DIVORCED T Montgomery deoth 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR atoma with during most of working life, even if retired.) give street address) INDUSTRY_ Takoma Park Washington San & red-lerk 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY 6610 Eastern Ave. Wash. Takoma haurs Item 1 and 2 re certificate, writing the ward "pending" in pencil in Item 1 shauld be forwarded to the Chief Medical Examiner's Office after 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME Middle Arnold St. German Receased haurs bages 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT be executed within (Yes, no, ar unknown) (If yes give war or dates of service) 577-60-1218 File APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) event DUE TO. OR AS A CONSEQUENCE OF burial-transit Conditions, if any, which gave rise ta immediate cause (a), This certificate shauld dny DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse .⊆ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT BELATED TO THE TERMINAL 0 remayal, CERTIFICATION nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 0 3 shauld HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING burial, crematian, P.M CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy Inspection Inquiry X ond in my opinion director. deoth resulted from: Notural couses Accident Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER 22b. DATE SIGNED FUNERAL ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE **EXAMINER'S** Health may NAME (Type) DKESSISTED CITY LOW or county) 23c. NAME OF CEMETERY OR CREMATORY 0 BURIAL CREMATION 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Pincoln Cometeru adensburg 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15ME 151 10M REV. 1/6 1104



	1			IND STATE DEPARTMENT OF S, 301 W. PRESTON STREET, BAI				
		04047	04040					
	., ., ., ., ., ., ., ., ., ., ., ., ., .		CERTIFICATE OF DEATH			04040		
ь т. Т.		ECEASED-NAME Firs		Lost	2a. DATE OF DEATH	Year 2b. HOUR		
d g e		100	athan A.	Conn	Month Doy	69 5 m		
a la	3. 5		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.		
I S G		Male	while	11-19-8	lost birthdoy) YRS.	MONTHS DAYS HOURS MIN.		
hours in by rs. P	7a.	BIRTHPLACE (State or fareign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH			
d irr		hithvania	American Cit	WIDOWED DIVORCED	Montgomer	Md.		
and completely filled in remove carbon popers.	10.	CITY OR TOWN OF DEATH Takoma Park	give street oddress	during	UAL OCCUPATION (Kind of work dane most of working life, even if retired.)	126. KIND OF BUSINESS OR INDUSTRY		
d w d w	130.	USUAL RESIDENCE (Where dece	ased lived, if institution: Residence before	re 13c, CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	7		
omplet event	odn	ission) STATE	148b. COUNTY		NO □ 2238 Colhe	dral Avenue Nu		
ex out	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	- 1.1.A. A. C	Last		
章 章 3		Isaac Conn Libby						
sicion en exe sicion end co peose remo	160	. WAS DECEASED EVER IN U.S. AS	RMED FORCES? 16b. SOCIAL SECURIT	Y NO. 17. INFORMANT	Address	11		
e death certificate be ex attending physician and permit. Then please rem an, or removal, and in on		(lf yes give	war or dates of service) 579-52	- 3994 Records. U	washington Sanita	rium - Hospital		
The The		18. CAUSE OF DEATH (Enter of	only ane couse per line for (a), (b), and (APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH		
ndir iit.		PART I. DEATH WAS CAUS	SED 8Y: DIATE CAUSE (0)			B evil &		
afte afte		4369	DUE TO, OR AS A CONSEQUENCE (OF Check	ided die fo	n /		
t the the sit p		Conditions, if ony, which gove		I will he -t	wie ad lat	2 rish		
tho an. by rans		rise to immediate cause (a), stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE O	OFO PO				
equires physicio physicio signed b buriol-tr buriol, ci	h	lost.	(c) VII (4	Lucia Co, VA		1 clay		
phy phy sign buri		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(0)	0		
ing rent he to	×							
s be as t	CERTIFICATION	19o. DATE OF OPERATION 19b	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CERTIFYING		
The day	RTIFI			YES NO				
AN: all or cote or u		21a. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCCURRED (En	ter noture af injury in Port 1 ar Port 2, i	tem IB.)		
SIC Spite of the	MEDICAL	(If either, notify medical exam	niner) P.M.	19				
Page 4 may be retained by the hospital or attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the strangered director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages to all should be filled with the State Dept. of Health prior to buriol, crematian, or removal, and in ony event, within 72 hours after death.	W	21d. INJURY OCCURRED 21d While Not while of work	e. PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.D. N	o. City or Tawn	County State		
UDING d by t After d be c		22a. I certify that (I) (t	his haspital) ottended the deced	ised from Library 23, 19	69, to// Beck 13, 19	69, that (I) (we) lost		
END S: A Jid he	10	saw the deceased	olive on Typacek 13 ve, (I) (we) (did) (did not) view th	19 9, and that ip (my) (our) a	pinion death occurred on the do	te ond haur and from the		
TTO Topic that the title that the ti		22b. SIGNATURE	ve, (1) (we) (ald) (ald hor) view in	e bady affer death.	222	DATE SIGNED		
JA W JA W		Ch.	10 d Colphin	DEGREE PHYS	MED. STAFF	JAIL SIGNED		
AL C L DI d by b file		22d. PHYSICIAN'S	LI Malada	6 A / Dee ADDRESS / 5)	DIRECTOR PHYS.	10 10 1		
PIT/ mo ERA or, p		NAME (Type)	32 M A OCCALL	8311	divio. Shed G.7	School no		
HOSPITAL OR ATTEN age 4 may be retoined FUNERAL DIRECTOR: irector, page 3 should hould be filed with the	230	BURIAL, CREMATION, 23b.		F CEMETERY OR CREMATORY	23d. LOCATION (City ar Town)	(Caunty) (State)		
5 5 5 P			3/14/69 Cem Ad	oī as Israel Cong.	Wash., D.			
	B	ELIMEDAL DIDECTOD	nsky & Sons ADDRE	501 14th St RAWRECD	BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE		
VR A15 (4) 45M - 1/69		201120		Vash.,DC DATEMA	R 17 1969 Aclien	Les Judge		

114647 \$2 1-0742 E E . (100) 10742 E . (100)

	o som ar men ar asil-10 stantilar			
	1.77.0110	10,4001	nara l	
	The same		A Control of	ຈຳ
	NO SOLETION		e. N	100
a ka . L. S. Sharaka Day	t Tara Nervisia Mil	outil-planting	yaso ty	9'
The Marie Towns Trained		7-5-0-7-1		
neste.	reil .	and arms of	Charles	
oth, All Victoria nation	Caples I. Can			No.
	The British			
		(1,5)	a Status S. Sa	

311		04049	DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMODE MADVIAND 21201	4042
. 2	1. D	ECEASED-NAME First	Middle	Lost	2a. DATE OF DEATH	2b. HOUR A
death ond death		(ype or print) MARY	FLORIDA	COPLIN	Manth 3 Day	1 Yeor 69 10:00 M
s after deat the funero oges I ond	3. SI	FEMALE	4. RACE NEGROE	5. DATE OF BIRTH 1/22/89		IF UNDER 1 YEAR IF UNDER 24 HRS. HONTHS DAYS HOURS MIN.
4 hours	7o.	BIRTHPLACE (Stote or foreign http) MARYLAND	76. CITIZEN OF WHAT COUNTRY? UNITED STATES	8. MARRIED NEVER MARRIED WIDOWED MODIFIED DIVORCED	9. COUNTY OF DEATH MONTGOMERY	Md.
within 2 soon pap	10.	OLNEY	11. NAME OF HOSPITAL OR INS give street oddress) MONT	GOMERY GENERAL during m	AL OCCUPATION (Kind of work done ost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
e executed within 24 hours after death ond completely filled in by the funeral remove corbon papers. Pages 1 and 3 nany event, within 72 hours after death	13a. odm	USUAL RESIDENCE (Where deceosission) STATEMARYLAND	ed lived, if institution: Residence befare 13b. COUNT MONTGOMERY	13c. CITY OR TOWN 13d. INSIDE CITY L	INITS? 13e. STREET AND NUMBER RT. E, Box 139	9
be exect to ond co	14.	FATHER'S NAME First ROBERT	Middle Lost WASHING	TON 15. MOTHER'S MAIDEN NAME F	irst Middle	Lost
physician en please oval, ond	16a	WAS DECEASED EVER IN U.S. ARM es, no, or unknawnio (If yes give w	NED FORCES? or or dotes of service) 16b. SOCIAL SECURITY N	NO. 17. INFORMANT	Address	
OR ATTENDING PHYSICIAN: The law requires that the death retificate be executed within 24 hours after death be retained by the hospital or ottending physician. NIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 ad with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours after death		18. CAUSE OF DEATH (Enter onl PART). DEATH WAS CAUSED IMMEDIA	ly ane cause per line for (1), (6) and (c). O BY: TE CAUSE (a)	your Heart	failing	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
at the duthe atternish perm	à	4123 Conditions, if ony, which gove) rise to immediate cause (a),	DUE TO, OR AS A CONSEQUENCE OF	H esterblin	rent Desery	445
quires tho physician. signed by burial-tran		stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF			
w requing philips phil	NO			OT RELATED TO THE TERMINAL DISEASE OR (
AN: The law roll of or ottending icate has been for use as the Heolth prior to	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	YES NO		
ICIAN: pitol or rifficate d for u	MEDICAL CE	210. ACCIDENT WAS UNDERLYIN or contributing cause of Death (If either, notify medical examin	H HOUR A.M. Month Day Year		r noture of injury in Port 1 or Port 2, It	em 18.)
DING PHYSICIAN: The law rate by the hospital or ottending After this certificate has been I be detached for use as the State Dept. of Health prior to	ME	21d. INJURY OCCURRED 21e. While Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TTORY.) 21f. LOCATION Street or R.F.D. No	. City or Town	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detoched for use as the burial-transhould be filed with the State Dept. of Health prior to burial, creating the prior to burial.		saw the deceased a	is haspital) attended the decease live anl , (I) ((a) (did n)) view the	9 , and that in (my) (our) opi	inion deoth occurred an the dat	e ond haur ond from the
OR ATI		22b. SIGNATURE	worth.		AED. STAFF 222 PA	ATT SIGNED 69
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
TO HO Page direct shoul	L		AR, 4 1969 BROO	CEMETERY OR CREMATORY Ke Grove Cem.	23d. LOCATION (City or Town) Laytonsville	(County) (Stote), Monty Md.
VR A15 (1) 30M REV. 1248	24.	EUNERAL DIRECTOR. Kohert L. S	nowden Rock	villemd. DATMAR	ay registrar 25b. registrar's s	GRATURE!

			04040
		A-18623	Vinces -
All his of four	THE REAL PROPERTY.	MATERIAL DETAILS	
	AARRA YA		
Scale before . F. Tx	X DALL PROTY	of the state of the	CIDE IN EAST OF THE
		AST WHEN THE A	
ra il (8) in training		A Constant	
	gial Total		

			D STATE DEPARTMENT OF H		
	04050 DIV		301 W. PRESTON STREET, BALTII ERTIFICATE OF DEATH	WORE, MARYLAND 21201	04043
	DECEASED-NAME First (Type or print)	Middle	Corridon	20. DATE OF DEATH Month Day	Yeor 24. HOUR
3. S p and a ster of the ster	SEX M	RACE W	S. DATE OF BIRTH 2-21-90	6. AGE (In years lost birth ay) YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS, MONTHS DAYS HOURS MIN
7o.	BIRTHPLACE (Stote or foreign 7b. (CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	COUNTY OF DEATH	Md
70 10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		OCCUPATION (Kind of work done st of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
	O. USUAL RESIDENCE (Where deceosed livinission) STATE	red, if institution: Residence before 3b. COUNTY Then Family Res	13c. CITY OR TOWN 13d. INSIDE CITY LIM S. LVER SPRING YES NO		Sh Aus
14.	FATHER'S NAME First	Middle Correa	15. MOTHER'S MAIDEN NAME FIR	st Middle	Koeles
	o. WAS DECEASED EVER IN U.S. ARMED FO Yes, no, or unknown) (If yes give war or do	ates of service)	0. 17. INFORMANT	Address an greate Sarte	tions as a hour
	Conditions, if ony, which gove) rise to immediate couse (o).	e cause per line for (a), (b), and (c). AUSE (o) ALLIANIMAM DUE TO, OR AS A CONSEQUENCE OF (b) Sastice A DUE TO, OR AS A CONSEQUENCE OF (c) FLOATOR	Edema & Bruncha Deer with Juforal	Lucinoria un a Esophycalule	APPROXIMATE INTERVAL BETWEEN OMSET AND GEATH LEC
z		ONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(0)	
CERTIFICATION	196. DATE OF OPERATION 196. COND	ITION FOR WHICH OPERATION WAS PE	FORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
MEDICAL CER		21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M. 19	21c. HOW INJURY OCCURRED (Enter	noture of injury in Port 1 or Part 2, I	tem 18.)
ME	21d. INJURY OCCURRED 21e. PLACE While Not while of work		21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
	22a. I certify that (I) (this ha	aspital) attended the decease anl (we) (did) (did nat) view the	9 (and that in (my) (our) opin		te ond hour and from the
1	22b. SIGNATURE Villes	- Doling	DEGREE ATTENDING ME	D. STAFF 222. RECTOR PHYS.	mark 69
		LIAM D. A.	22e. ADDRESS		MARYLAND
	D. BURIAL, CREMATION, RINDVAL (Specific) 23b. DATE	7-69 mit 6	EMETERY OR CREMATORY VIEW TEMPLET	23d. LOCATION (CIN or Town)	(County)
4) 24.	Francis Kallins S	Too line Bled W.	Belioth My DATE MAR	REGISTRAR 25b. JEGISTRAR'S 10 1969 Julia	ver Judge

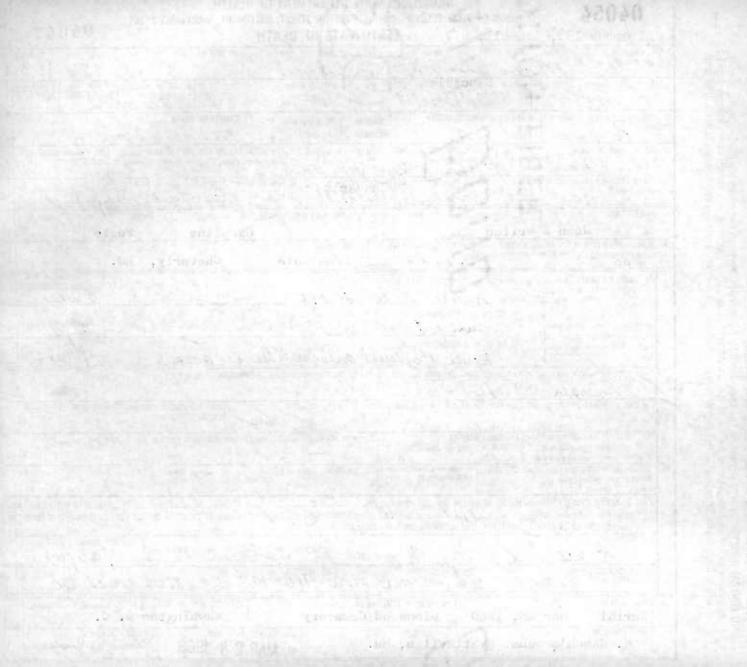
Action. TO THE STATE OF TH The Manney of the Spirit Service Service Service Service The second secon and the plant of the state of t The same of the sa CHARLES THE STATE STATE STATES AND LONG TO STATE OF THE S Beech 1 3-7-19 mot that display a line to Part of the first the state of the state of

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04044 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH (Type or print) MARCH 3. SEX 4. RACE within 24 hours after S. DATE OF BIRTH 6. AGE (In years IE UNDER 1 YEAR lost birthdoy) MONTHS DAYS HOURS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) = remove carbon popers MONTGOMER WIDOWED W DIVORCED [tely filled i and in any event, within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.) Book POTOMAC complete 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER xecuted COUNTY . NO 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First last Middle Sarah Laughlin be/ the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 66. SOCIAL SECURITY NO. 17. INFORMANT Address Nes no, or unknown) (If yes give war or dates of service) 075-09-3289A burial, cremation, or removal. 1006 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND DEAT PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO. OR AS A CONSEQUENCE OF signed by the buriof-tronsit p Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) **TO FUNERAL DIRECTOR:** After this certificate has been director, page 3 should be detached far use as the be detached far use os the Stote Dept. of Health priar to **70 HOSPITAL OR ATTENDING PHYSICIAN:** The law Page 4 may be retoined by the hospitol or ottendin 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20b. IF YEY WERE FINDING CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES T NO X 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Slole While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from saw the deceased alive an March 4 1969, and that in (m) (aur) apinian death accurred an the date and hour and fram the director, page 3 should should be filed with the causes stated abave (1) (we) (did) (did nat) view the bady ofter death. 22b. SIGNATURE ATTENDING MED. DIRECTOR PHYS. 22d. PHYSICIAN'S W. Edmonston Dr., Rockville, Md. Bouditch Hunter, Jr. NAME (Type) 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 3/11/69 Mt. Hope Yonkers, New York 24 FUNERAL DIRECTOR Wheeler, Funeral Home 1331 Rockville Sop FED BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 andw perfec Muc

Saryah Landelin Total Piggree 1r. 15 50 C. Hannet en De College 181. while the state of CORNETS, New York System of soler vanced desired formy cases to obey.

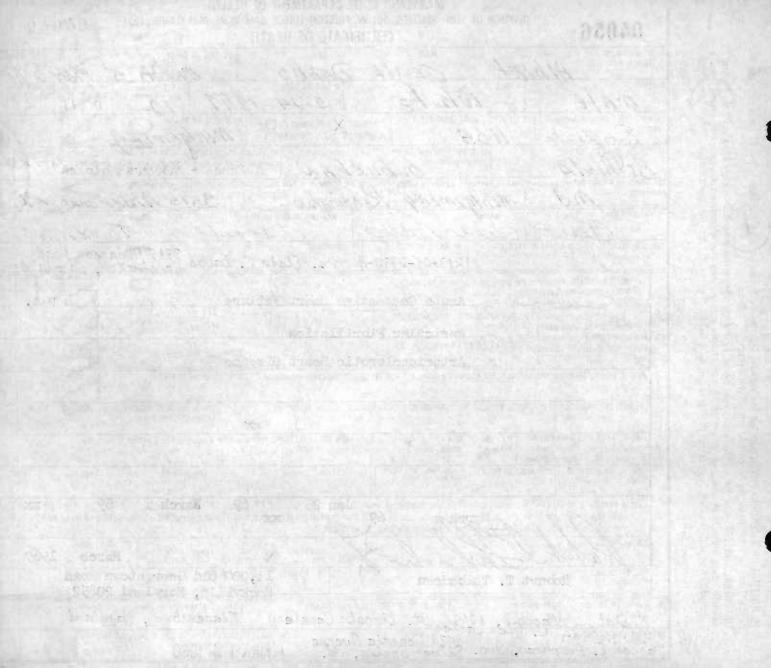
7 1	1	04053 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
= 1-		Cox James CERTIFICATE OF DEATH	04046
# = # # = 2 #	1. 1	DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
er deoth.		Sames M Cox March	Doy Year 10 20M
haurs after n by the Tu s. Poges the hours effer	3. 3	SEX 4. RACE S. DATE DF BIRTH 6. AGE (In years last birthdoy)	1E UNGER 1 YEAR 1E UNDER 24 HRS. MONTHS DAYS HOURS MIN
y the o	7.	MAY 3 1897 7/18	
haur in by irs. P	(0)	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED NOT	
in 24 killed ir poperithin 72	10	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work dam	
bon principle within)	Rockulle give street address) OROS (MOR NURSing Town most of	e (12b. KIND OF BUSINESS OR INDUSTRY
ecuted within 24 completely filled tove carbon pope y event, within 7	130 adn	D. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER rission) STATE 13b. COUNTY 13b. COUNTY 13b. COUNTY	mieres Pl
ond complement	14.	FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Lost
9 5 5		John Cox Ann	Y. PAULS
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the hospitol or ottending physician. NIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the tuneral e 3 should be detached for use as the buriol-transit permit. They please femove carbon popers. Pages hand 2 ad with the State Dept. of Health prior to buriol, cremation, or removal, and in any event, within 72 hours after death		a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na agrunknawn) (If yes give wgcoordres of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Alice N. K. Cox	
at the death cer the ottending p nsit permit. The mation, or remo		18. CAUSE OF DEATH (Enter only one couse per line for (o) (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath endi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) View order elema	3days.
he death ottendi permit. ion, or r		DUE TO, OR AS A CONSEQUENCE OF	11. attac
at t the nsit		Canditians, if any, which gave rise to immediate cause (a), (b) Cardia C Gallier	quioning
equires that the death certify physician. signed by the ottending phy buriol-tronsit permit. They buriol, cremation, or remova		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF CONTROL CO	dersinc
OR ATTENDING PHYSICIAN: The law requires the be retained by the hospitol or ottending physician. SIRECTOR: After this certificate has been signed by le 3 should be detached for use as the buriol-troed with the State Dept. of Heolth prior to buriol, cre	2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RENATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
e law tendi us bee	CERTIFICATION	19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	S CONSIDERED IN CERTIFYING
Se produce of the second of th	ERTIF	YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port.)	0 (1 10)
iclan pitol o rrifical ed for of He	MEDICAL (OR CONTRIBUTING CAUSE OF DEATH CITY (If either, notify medical examiner) HOUR A.M. Month Doy Year P.M.	2, Ifem 18.)
ATTENDING PHYSICIAN: The law re retained by the hospitol or ottending ECTOR: After this certificate has been 3 should be detached for use as the with the State Dept. of Heolth prior to	×	21d. INJURY OCCURRED While Not while of work o	Caunty State
ING by t ffer be o		22a. I certify that (I) (this haspital) afterded the deceased/from 1961, to 1961, to 1961	9 , that (I) (we) last
ned ned the the the		saw the deceased alive an	date ond hour ond from the
ATI Showith		22b SIGNATURE 22	C. DATE, SIGNED
OR be 3 ge 3 ge 3 led v		David Milloro Wiloz, W, DEGREE PHYS. DIRECTOR DIRECTOR PHYS.	3/16/67
TO HOSPITAL OR ATTEN Poge 4 moy be retained TO FUNERAL DIRECTOR: director, poge 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) David A Morowikkz MD 22e. ADDRES 721 Grosvnor La	ne Rockville,
HO.	230	D. BURIAL (CREMATION, 23b. DATE 23c. NAME OF CEMETERY DR CREMATORY 23d. LOCATION (City or Town)	(County) (State)
5 5 5 b	0:	Surial 3-19-69 Culpepper National Culpeppe	
VR AIS	24.	REFLEXED A Pumphrey 7557 Wisconsin Ave MAR 24 1969 25b. REGISTRAR 24 1969 25b. REGISTRAR	es Susge

AAOO A COMMENTER AND THE SECOND COMMENTS OF T Company of the second second second Compatible to accommodate the second second and the Total Leve Disagraph and the Total



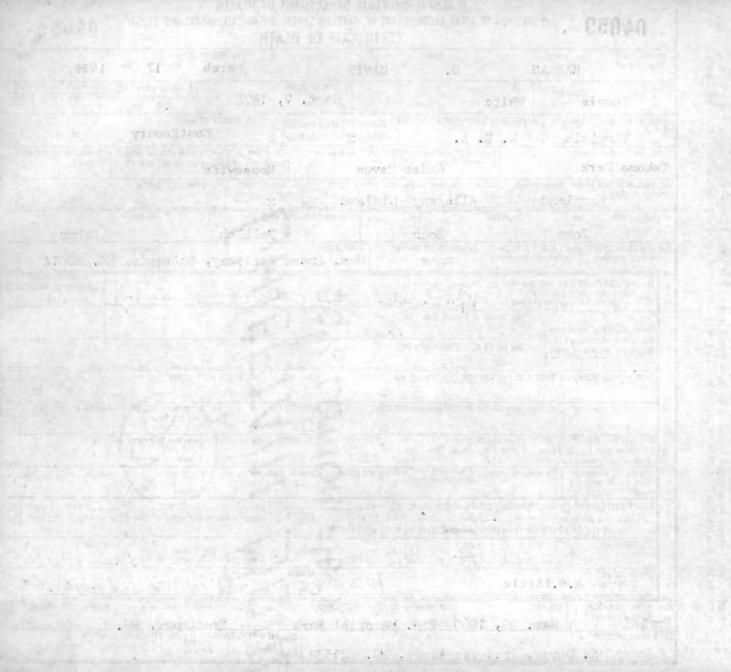
15		OZAKE	DIVISION OF VITAL P	RECORDS, 301 W. F	PRESTON STREET, BALT	IMORE, MARYLAND 21201	
X		04055		CERTIFI	CATE OF DEATH		04048
= -2=			irst M	liddle	Lost	20. DATE OF DEATH	2b. HOUR
death. neral and 2 deoth.	1	Type or print) JCE/	nes T		(POSS	March	Day Year M
de de de	3. S	EX	4. RACE		S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
± (₹)	1	Male	WHIT.	E	1-20-9	6 last birthday)	MONTHS DAYS HOURS MIN
	70.	BIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNT	RY? 8. MARRIED	NEVER MARRIED	9. COUNTY OF DEATH	
d ir per 72	14	lash, Die	· U, Sitt.	WIDOWED		Montgome	Md.
executed within 24 hours after death de completely filled in the type for and 2 ony event, within 72 toward fer death	10.	CITY OR TOWN OF DEATH	11. NAME OF HOS give street addre	SPITAL OR INSTITUTION (IF		AL OCCUPATION (Kind of work do	
bar bar	17	ochville	1001	rac Valley	11413/14 14	ost of working life, even if retired	i.) INDUSTRT
ted cor vent	13o.	USUAL RESIDENCE (Where de ission) STATE	ceosed lived, if institution: Reside	. (? :	1	TOO. STREET MITE HORIDER	1 1 2
con con		Mdi	111111111111111111111111111111111111111	ery ball	LISDVY -	0□ 3 Highlan	3 HVC
	14.	FATHER'S NAME First	Middle '		S. MOTHER'S MAIDEN NAME I	First Middle	Lost +
nd iii	1/0	. WAS DECEASED EVER IN U.S.		- 1	Hita	het wither IV	lary Mornlon
equires that the death certificate be executed within 24 physicion. signed by the attending physicion and completely filled is buriol-transit permit. Then please remove corban paper buriol, cremation, or removal, and in any event, within 72	100	(es. na, ar unknown) (If yes s	give war or dates of service)	1. 09-2673	INFÓRMANT	Address	Helondas.
p p p p p p p p p p p p p p p p p p p	-				rema p	· Cuto go	Late APPRINTED INTEREST
th ding		PART I. DEATH WAS CA	r anly one cause per line for (a), USED BY: EDIATE CAUSE (a)	(b), and (c).)	PRAICUS GON	ic CARCINOMA	BETWEEN ONSET AND DEATH
dea then rmil rmil		1/ 2 / IMM			NO IVE 170 CETVI	e CACCINOTHI	3 MONTHS
the a t pe a t p		Canditians, if any, which go	DUE TO, OR AS A CONSE	QUENCE OF			
hot n. y # onsi		rise ta immediate cause (o),((b)	OHENCE OF			
The law requires that the death ce attending physicion. has been signed by the attending se as the burial-transit permit. The hiprior to burial, cremation, or remit	111	stating the underlying cau last.	(1)	doruct of			
quire phys igne urio		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DE	EATH BUT NOT RELATED T	O THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	
	z	4 1 5				(-)	
te law re trending os been as the l prior to b	CERTIFICATION	19a. DATE OF OPERATION	9b. CONDITION FOR WHICH OPERAT	ION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDING	S CONSIDERED IN CERTIFYING
: The or affe	THE				YES NO	CAUSES OF DEATH?	
or use lealt		21a. ACCIDENT WAS UNDER ☐ OR CONTRIBUTING ☐ CAUSE OF	LYING 21b. TIME OF INJURY	21c. H	OW INJURY OCCURRED (Ente	r noture of injury in Port 1 or Part	2, Item 18.)
pita pita of f	MEDICAL	(If either, natify medical exc	ominer) P.M.	Doy Yeor			
moy be retained by the hospital or attending physicion. RAL DIRECTOR: After this certificate hos been signed by the attending physicion of page 3 should be detached for use as the buriol-transit permit. Then please in be filed with the State Dept. of Health prior to buriol, cremation, or removal, and in	×	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, FA	RM, STREET, FACTORY.) 21f. L	OCATION Street or R.F.D. No	City ar Town	Caunty State
the det		While Nat while at wark					
DIN by be be Sto		220. I certify that (I)	(this hospital) ottended the d alive an ove((1))(we)((did)((did nat)	e deceased from_/	MAR, 6, 19A	9 , to MARCH 10,	19 <u>69</u> , that (I) (we) last
ned ned the the		causes stated abo	ove (1) (we) (did) (did nat)	view the bady after	death.	inion death occurred on the	dote and hour and from the
AT Short Sho		22b. SIGNATURE	10	111		2	2c. DATE SIGNED
OR ATTENDIN be retained by DIRECTOR: Affer ed 3 should be ed with the Sto	10	Mole	H / /mi	I Kerz DEGI	REE PHYS.	MED. STAFF PHYS.	
TAL AL Page e fill		22d. RMYSICIAN'S NAME (Type)	0000 00	20021	22e. ADDRESS 54	113 CEDAR	LAND
TO HOSPITAL OR ATTENDING PHYSICIAN: The law rappose 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		1019	-KI (. //H)	NINNIO		ISE THES DA	MD.
HC oge	23a.	BURIAL, CREMATION, REMOVAL (Specify)		NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (Rity or Tayri)	(Caunty) (State)
5-5-0	24	FUNERAL DIRECTOR	3-12769	Torkta		Mocparite	nevery ma
VR A15 VI)	24.	CARTITE	s 6 Jan	COITHER		1 3 1969 25b. REGISTRA	MIS SIGNATURE
4211 . 1/43//		076/1061		0017114	ASING DAMIAN	1 1 1303 6	VA

MAKTLAND STATE DEPARTMENT OF HEALTH



The state of the s

ALES TOTAL CONTRACTOR OF THE PARTY OF THE PA , s



1		ms10&11			YLAND STAT							
	4/	24/69 kg	DIVISION	OF VITAL RECO			-			П	0558	0
FOR STATE			14000	MEDICA	L EXAMINE	R'S CER	TIFICATE	OF DEAT	H		0000	Q
HEALTH DEPT.		CEASED-NAME	First		Middle		Lost		20. DATE KN	NOWN Month	Doy Year	2b. HOUI
of ge	{1	ype or Print)	Robert		Willia	m	DECK	ER	OF E	ATED A 3	- 79 69	143
1 0 3 ×	3. SE	Х	4. RACE	S. DATE OF BIRTH	6. AC	E (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.		ONOUNCED DEAD	10	2d. HOU
2, and PM3. PM3. P		Male	Cau	June I	+, I947 105	2T YRS.	ONTHS DAYS	HOURS MIN	Marty	040	Year 199	110
54.0 B	7a. E	SIRTHPLACE (Stote	or foreign 7	. CITIZEN OF WHAT			ED NEVER MAR	RRIED 9. C	OUNTY OF DEAT	H _		10
- E (8	coun	^{try)} India	na	U.S.A.		WIDOW	ED DIVO	RCED 🔲	M	ntela	magni	- A
To Se A		ITY OR TOWN OF			E OF HOSPITAL OR I			12o. USUAL	OCCUPATION (Kin	nd of work done	12b. KIND OF BUS	SINESS OR
14 hours ofter deoth in Item 18. Give Poges 1, s Office along with form s 1 and 2 with the State of s after death.	E	Bethesda		give stre	et oddress) thesda Na	val H	ospital	during mg	nof working life,	, even if refired.)	INDUSTRY	
ofter along along with the eath.	130.	USUAL RESIDENC	E (Where decease	d lived, if institution	n Residence before	13c. CITY O	R TOWN 13d	I. INSIDE CITY LIMITS?	13e. STREET A	AND NUMBER		
hours often Item 18. Gi Office along Iond 2 with after death	00	lmission) STATE	MARYLANI	Jab. COUNTY		CHEVI	ERLY	YES K NO	5504	Newton A	pt #II	
hours Item 18 Office 1 ond 2	14. F.	ATHER'S NAME	First	Middle	Lost	1	S. MOTHER'S MAIL	DEN NAME Fir	st	Middle	Los	1
hin 24 hours often ncil in Item 18. Gi niner's Office along perges 1 and 2 with hours after death.			Wayne	Loy	al DECK	ER			arjorie	LaVon	B	oze
			ER IN U.S. ARMED FO		b. SOCIAL SECURITY I	NO. 17.	INFORMANT	WIF	E 9		SUMMI	7.57
Examination of the pending of the pe	(1)	es, no, or unknow Yes	(If yes give w	ar or dates of service)	364 48 90	50 61	WOA.M	. G. DEC	KER. S	1 psilia	NTI M	CH
P.E.W.		18. CAUSE OF	DEATH (Enter only	one couse per line	for (o), (b), ond (c)	.)	12411	25 - 190			APPROXIMATE BETWEEN ONSET	INTERVAL
should be executed in the word "pending" in the Chief Medicol Estation burial-transit permit. Estation any event within		PART I. DI	CAZILA'S AW HTAR	BY: E CAUSE ASONY			drowni	na			Delivery Orise	AND DEATH
Med Med		×300)		A CONSEQUENCE O		- UI OWIII	18				
be exemple in the property of		Conditions, if o	ny, which gove	(b)								
vord vord ne Ch al-tra any		rise to immedi stoting the un	ote couse (o), (A CONSEQUENCE O	F						
should e word o the Cl ourial-tr in any		last.)	(4)								
is certificate she to, writing the forwarded to the used os o but removal, and in	6	PART 2. OTHER S	IGNIFICANT CONDI	(c)	TO DEATH BUT NO	RELATED TO	THE TERMINAL DI	ISEASE OR CONDI	TION GIVEN IN PA	ART 1(o)		
ing ded ded	5,											
is certificate te, writing the forwarded to be used as a lemoval, and	CERTIFICATION	19o. DATE OF O	PERATION	19	b. CONDITION FOR	WHICH OPERA	TION				20. AUTOPS	Υ?
VER: This certificate, writhould be forwar lles. Should be used should be used tion, or removo	IFICA				WAS PERFORMED	?					YES 🗀	NO
This ficate, be for do be or rea	CERT	210. EXTERNAL (AUSE WAS	21b. TIME OF IN.	JURY Month, Doy, Yes	or 21c.	HOW INJURY OC	CURRED (Enter no	oture of injury in	Port Potonia	ken IRhiver	
INER: Thise certificate e certificate should be files. 3 should by should by mation, or respectively.	MEDICAL	PRIMARY X OF CAUSE OF DEATI	CONTRIBUTING	4 : 30 PM	lar.29 191	69 I				oat capsi		,
= 9 3 + S 6	MED	21d. INJURY OCC	URRED 21e P	ACE OF INIURY (At	home form street	21f.	LOCATION Street of	or R.F.D. No.	City or T	lown	County	Stote
DEPUTY CACOLAL EXAMINER: ressary, please execute the cert efunerol director. Poge 4 should may be retained for your files. FUNERAL DIRECTOR: Poge 3 should have to burial, cremation.		AT WORK	T WHILE E POT	ory, office building, omac Rive	r near B	rickya	rd Road.	. Po	otomac.	Montgome	ery M	id.
Pog ecut	30			ak charge af the								y opiniar
ical E executor. Por ed for CTOR: I burial,			. //	Natural cause:			suicide ,		, symmetry	mined manner	7_	
please explication director. retained DIRECTO or to but			11	10	P//		CHIE	F MEDICAL EXAM	INFR			
le de la	7	ACTUAL SIGNATURE	10/11	leen	101.	10h		STANT MEDICAL E		22b. DATE	SIGNED	
ery,		EXAMINER'S			3	1//		HY MEDICAL EXA		11 /	April 196	9
o DEPUTY necessary, the funero 5 may be 6 FUNERA Health pr	3	NAME (Type)	Belden	REAP, M.	D.	U	400	D'SALUELAUN	toward county)			
He He	230.	BURIAL, CREMAT	10N, 23b.	DATE	23c. NAME OF	CEMETERY O	R CREMATORY	2:	3d. LOCATION (Ci	ity or Town)	(County) (S	Stote)
	(REMOVAL (Speci	on 4	-12-69	Fort	Linco]	n Crema	tory	Washin	gton	D.(3.
00	24.	FUNERAL DIRECT	OR W. W.	Chambers	Co. ADDR	ESS	11		REGISTRAR	2Sb. REGISTRAR'S		
VR A15ME (5)		1400 Ch	apin St.	, N.W. Wa	shington	, 5%	A(A)	DAPK 1	8 1969	Jelean	Cas Jungas	4

	and the state of t	- Cantably of		
		4 1 4 4		
	STORY THE WORLD			
			1.0.0	SOTIES .
DI THE SECTION TOWN.	The same of the same		ALC: A COMPANY OF	
THE PARTY OF THE P				
				107
			Salta Silenata	
	A STATE OF THE STA	of the sector in		
				THE
TOVER SERVERT				
To a 10 and 2001 View Dept wind an of ded		Tar. 29 Tel. 10		
own wont corper				
			Company of the Company	
11 April 1960				
		.C.		
.0.0				
Act of the second of the secon		6. 6	DAGUS	

1	07.061	DIVISION OF VITAL RECORDS,		TIMORE, MARYLAND 21201	0.1.0.7.0
	04061		ERTIFICATE OF DEATH		04053
1.	DECEASED-NAME Fir (Type or print) Mich		DeMerell	20. DATE OF DEATH Month March 10	Year 2b. Hour A
3.	. SEX Male	4. RACE White	s. date of birth 17 April 196	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
7.	o. BIRTHPLACE (Stote or foreign ountry) South Carolina	7b. CITIZEN OF WHAT COUNTRY? USA.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery	Md.
	O. CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL OR INS	TITUTION (If not in hospital nical Center during	UAL OCCUPATION (Kind af wark dane most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
30	30. USUAL RESIDENCE (Where deco	eased lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITAL ALEXANDRIA YES	18.5	l Highway
100	4. FATHER'S NAME First George	Middle Last Stephan DeMere	IS. MOTHER'S MAIDEN NAME Pa	First Middle tricia	Clay
1	6a. WAS DECEASED EVER IN U.S. A	-	10. 17. INFORMANT The Med	dical Records Address Center, NIH, Bethe	esda, Md. 20014
	Conditions, if ony, which goverise to immediate cause (a stoting the underlying coustast.	anly ane cause per line for (a), (b), ond (c). SED BY: DIATE CAUSE (a) Neuroblast DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) CONDITIONS CONTRIBUTING TO DEATH BUT NO	Ome	IR CONDITION GIVEN IN PART 1(0)	eftween onset and death Months
2	190. DATE OF OPERATION 19	Ob. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
	G (If either, natify medical exa	HOUR A.M. Manth Day Yeor		nter nature of injury in Port 1 or Port 2,	Item 18.)
	While Nat while	1e. PLACE OF INJURY (AT HOME, FARM, STREET, FAR OFFICE BUILDING, ETC.	TORY,) 21f. LOCATION Street or R.F.D.		County State
	220. I certify that (I) saw the deceased causes stoted about 22b. SIGNATURE	this haspitol) attended the deceose olive on March ye, (X) (we) (did) (ANXXX view the	ATTENDING	1 22c.	DATE SIGNED
1		Jerumi, M. D. an S. Sergent, M. D.	DEGREE PHYS. 22e. ADDRESS Th Institute	e Clinical Centers of Health, Beth	esda, Md. 20014
	REMOVAL (Specify) on	3/11/69 Ft. L.	2Sa. REC	23d. LOCATION (City or Town) Py Prince George By REGISTRAR 25b. REGISTRAR	(County) (State) es County s SIGNATURE Md.
	The S.H. I	Hines Company 2	901 14th St ATEN	WW 1 2 12 12 12 12 12 12 12 12 12 12 12 12	1

mode de manueres

	1.09.00	11042.	-0.10	Sentus"
		22 10	429	4.5
	article states			ang talong bilan
	•	ser en la	212	a huartos.
ta 4 1 ones	an die	English mark	na Palata	si i si
th. 0	ples de			ev
.III was a Se	1.50 (; ; 1.50 (; ;		€ •	
			ntrigo estrución (16)	
The second second				
			A STATE OF	
		a la		
			all AT . I Tall the	oreganis and available

	MARYLAND STATE DEPARTMENT OF HEALTH
	04062 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 04054
# 12 + H.	1. DECEASED-NAME (Type or print) First Middle Lost 20. DATE OF DEATH Year 2b. HOUR
death.	(Type or print) Sulant Clenhacu Manth Day Year 730 M
the funer dec	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
s af	male white 3/8/69 lost birthday) YRS. MONTH'S DAY'S HOUR'S MIN
by by	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d in pers	Maryland U. SA WIDOWED DIVORCED Manegomery Md
executed within 24 haurs after death and campletely filled in by the funeral smave carban papers. Pages and any event, within 72 haurs after death	10. CITY OR TOWARD F DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital during most of work and give street address). 12. USUAL OCCUPATION (Kind of work dane during most of working life even if retired).
with below it.	Betherda give street oddress) during most of working life, even if retired.) NOUSTRY
ed car car	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. GRY OR TOWN 13d INSIGE CITY LIMITS? 13e. STREET AND NUMBER
ecut ave	marifand. Bank Selver Spring NO 16 Marchenter Clace
an de me	14. FATHER'S NAME First Middle Last 15. MOTHER'S MADEN NAME First Christian Middle Last
d'in d	Robert Mentra arene C. Jangan
Sicio et d	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
phy:	Maiker Same
e death certificate be executed within 24 haurs attending physician and campletely filled in by permit. Then please remave carban papers. Pan, ar remaval, and in any event within 72 haur	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: APPROXIMATE INTERVAL BETWEEN ONST AND DEATH PART I. DEATH WAS CAUSED BY:
endi mit. ar r	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Parnetun lesponetro y ducerta 6 mos gerbies (a la se
ath peri	DUE TO, OR AS A CONSEQUENCE OF Quality with
the the mat	Canditions, if any, which gave rise to immediate cause (a), (b)
though the phy transcream	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF
equires the physician. signed by burial-trai	last. (c)
The law requires that the death certificate be attending physician. has been signed by the attending physician arse as the burial-transit permit. Then please reth priar to burial, crematian, ar removal, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE ORCONDITION GIVEN IN PART 1(a)
ding ding een the ar to	NO DATE OF ON DATION 101 CONDITION WHICH OPPRATION WHICH OPPRA
e lo tren as b as pric	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OF INJU
The Trade of the Control of the Cont	YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)
al cal	
SIC Ispit	(If either, notify medical examiner) P.M. 19
PHY e ho nis o tack tack	21d. INJURY OCCURRED While Not while at work at work at work 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Tawn County State
de de la	
Affe A by Ste	saw the deceased glive on 19 and that in (my) (our) again and the date and hour and from the
OR:	causes stated abave, (I) (we) (did) (did not) view the body ofter deoth.
A Ship	22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED
OR DIR	DEGREE PHYS. DIRECTOR PHYS. Wyonhers
TAL AL Page Page Page Page Page Page Page Page	22d. PHYSICIAN'S Vohn J. Kuhn 22e. ADDRESS 6- E west Washy
A n A n A n A n A n A n A n A n A n A n	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed very bage 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and camplete director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carb shauld be filed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event.	230. BURIAL (REMATION.) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY, 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	AL FUNDAL DIDICATOR
VR A15	24. FUNERAL DIRECTOR ADDRESS
45M · 1 8	METIAC COTTON LAMBER OF DALE

may of the committee of Capital Hard Congression ATTA Control of the State of the

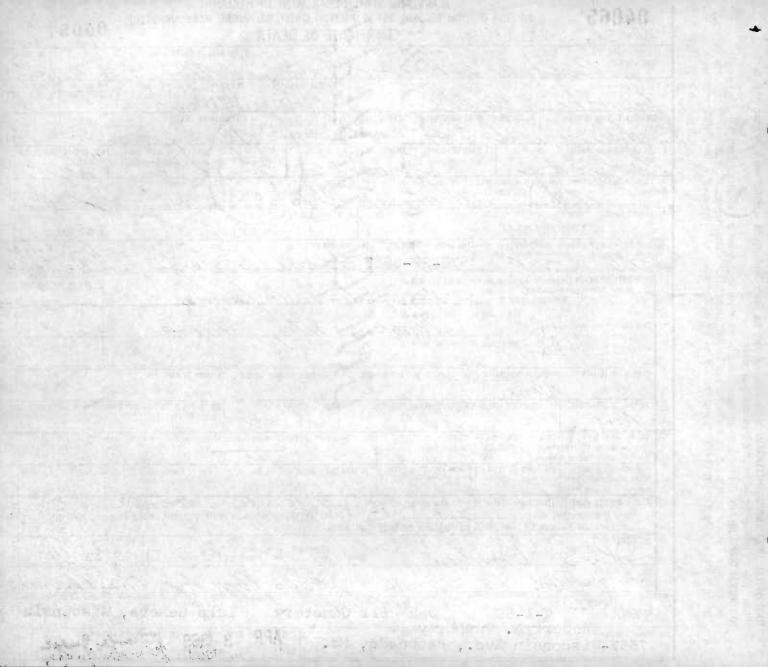
	1			ID STATE DEPARTMENT C		
		01000			BALTIMORE, MARYLAND 21201	Otore
	12	04063		CERTIFICATE OF DEAT	TH	04055
d ath.		ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
	((ype or print)		DeSpain	Month Day	Year 2b. HOUR
1	3. Si		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
		-		9-14-	lost birthday)	MONTHS DAYS HOURS MIN
	7.	temale	while		YRS.	
	rau	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
		"" Iowa	USA	WIDOWED DIVORCED	Montgomer	Md.
	10. (ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
1		Tahoma Part	washing ton	Sanitarium + Hospital	ng most of working life, even if retired.)	INDUSTRY
	130.	USUAL RESIDENCE (Where decea	sed lived, if institution: Residence befare	13c. CITY OR TOWN 13d. INSIDE	CITY LIMITS? 13e. STREET AND NUMBER	
1	aam	ssion) STATE	Montgomery	Rochuille YES X	NO 6141 Tuck	erman lane
	14.	ATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NA		last
		-	,,			m - 211
	160	WAS DECEASED EVER IN U.S. ARI			naria Address	mecallister
		es, (oor unknawn) (If yes give	war or dates of service) 219 - 541 - 9		vashington San + H	oanila)
					3,0,7,0,0,0,0	APPROXIMATE INTERVAL
		1B. CAUSE OF DEATH (Enter or PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), and (c).)	-	BETWEEN ONSET AND DEATH
		IMMEDI	ATE CAUSE (0) Cerento	vascular ac	C. d. s. c.	5 week
		4369	DUE TO, OR AS A CONSEQUENCE OF			
ы		Conditions, if any, which gave	1 Olytero	celetores		Years
i		rise to immediate couse (o), stating the underlying cause(DUE TO OR AS A CONSEQUENCE OF	^	TELLIS DE LE CLEVE	
H		last.	10 Hote	ING- PROCES	35	
		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(a)	
			ia	THE TENNING DISEASE	OTTEN IN TAKE I(0)	
	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY? R	e fees / 20b. IF YES, WERE FINDINGS CO	ONCIDEDED IN CEDTIEVING
	FICA	17b.	CONDITION TOTAL OF EXAMINATION WAS FE	VECT N	CALIEFE OF DEATHS	OMPIDERED IN CERTIFIING
ĺ	ERTI	210. ACCIDENT WAS UNDERLYIN	IC LOUI TIME OF MUNDY	I CS NC		
		OR CONTRIBUTING CAUSE OF DEA		21c. HOW INJURY OCCURRED ((Enter noture of injury in Part 1 or Part 2, 1	tem IB.)
	MEDICAL	(If either, natify medical exami	ner) P.M.			
	2	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY.) 21f. LOCATION Street or R.F.D.	D. No. City ar Tawn	County State
		at wark at work	, since 50 min (1)	15 - 15 - 16 - 16		
		22a. I certify that (I) (th	is haspital) ottended the deceose	ed from 3 - 3 , 1	1967, ta 7 - [, 19	65, that (I) (we) lost
		saw the deceased o	live on 3-5-69 1	9, and that in (my) (our)	opinion death occurred on the do	te ond hour ond from the
			(,(I) (we) (did) (did nat) view the	body after death.		
		22b. SIGNATURE	1 7 0	ATTENDING 15	MED. STAFF 22c. E	DATE SIGNED
		Hohn	of took n	DEGREE PHYS.	DIRECTOR PHYS. 3	- 5-69
		22d. PHYSICIAN'S	1901 1 501	22e. ADDRESS & T	? (UNIVERSITE	Y BLUDIE
		NAME (Type)	TIV L. FOY	SIL	-VER SIRING	- mo
ı	23a.	BURIAL, CREMATION, 23b.	DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City ar Town)	(County) (Stote)
		REBOY # 15 (PECTY)	77/69 23c. NAME OF Pile	CEMETERY OR CREMATORY ot Grove	Willhamsburg,	Iowa
Ì	24	yson wheeler	Funeral Home 133	Pools Dala 250. REC	C'D BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
	1	Apon Heerer	Talleral nome 155.	L ROCK.FIKE		arles Judge.
j			TOCKY	ille, Marylande	- 1000	

61941 PROPERTY OF SOUTH STREET aski . soon feel amon lacenus reisene a ovi The second secon

1	MARYLAND STATE DEPARTMENT OF HEALTH	
	04064 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04056	
		7
	1. DECEASED-NAME (Type or print) First Middle Lost 20. DATE OF DEATH Month 28 Doy 69 Year 2b. H	OUR
3	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years if under 1 year if under 2 lost birthpay) MONTHS DAYS HOURS	4 HRS.
7,	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
L	WITCHINGTON DC U.S.A. WIDOWED DIVORCED MONTGONERY COUNTY.	Mo
	10. CITY OR TOWN OF DEATH (Chester, M. d.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during mast of warking life, even if retired.) 12b. KIND OF BUSINESS (INDUSTRY) (INDUSTRY))R
13	130. USUAL RESIDENCE (Where deceased liver), if institution: Residence before odmission) STATE: 136. STREET AND NUMBER 137. COUNTY 137. COUNTY 138. STREET AND NUMBER 139. STREET AND NUMBER 130. STATE: 130. STREET AND NUMBER 1	30
1	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost	
L	AL MAR DECEMEN ENTER HALLS ADMED FOR EACH	
	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 18b. SOCIAL SECURITY NO. 17. INFORMANT 18b. SOCIAL SECURITY NO. 17. INFORMANT 18b. SOCIAL SECURITY NO. 18b. SOCIAL	/
	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DE	I ATH
L	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Departs secondary to multiple 3 mos	
I	DUE TO, OR AS A CONSEQUENCE OF LINES!	
1	Conditions, if ony, which gove (b).	
1	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
I.	Mark Mineral	
0724	190. DATE OF OPERATION 195. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 1215 TIME OF INJURY 1216 HOW INJURY OCCURRED. (Extra parties of injury) in Part 3 or Part 3 hours 19.3	
100	YES NO CAUSES OF DEATH?	
	1210. HOLD THE OF HOURT OCCURRED TELLED HOURT OCCURRED TELLED TO THE OFFICE AND T	
AFRICA	ill either, notify medical examiner) P.M. 19	
	While Not while	te
	at work of work) le
	saw the deceased glive an 2/33 1907, and that in (my) (aur) opinion death accurred on the date and hour and trans	n th
	causes stated abave, (1) (we) (did //did not) view the bady after death.	
	226 SIGNATURE DEGREE PHYS DIRECTOR DELYS STAFF 224 DATE SIGNED, 9	
K	22d. PHYSICIAN'S 22e. ADDRESS	
	NAME (Type)	
7	750. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LEATION (City or Town) (County) (State)	
1	CREMOVAL (Specify) 3-31-69 I farming Park Landover in a	
2	24. EHNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ROLL ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE ADDRESS 250. REC'D BY RE	
	Michigan & Illand Homes Un C. UZZG Herry WAIT HILL	

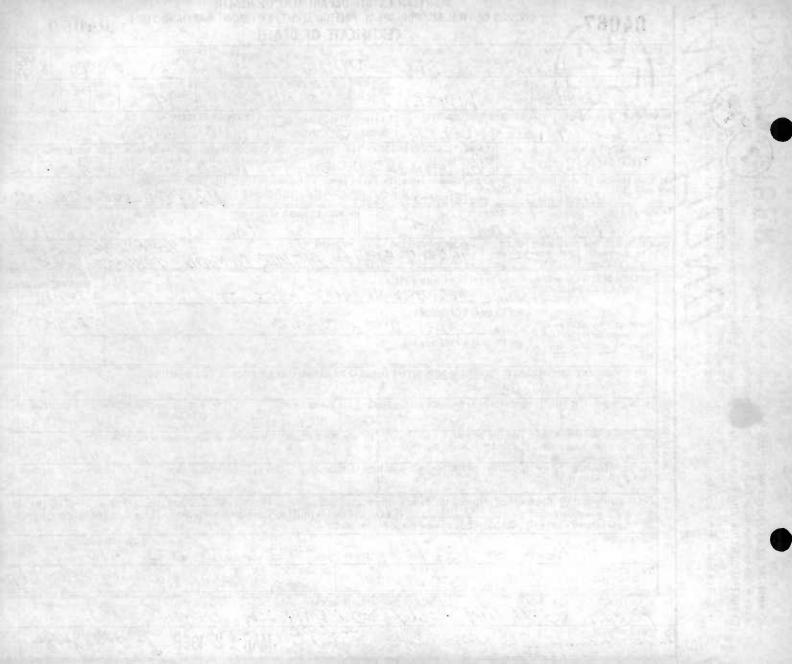
14090 74000 Television of the second of the to all our results will always be a second to the second by the second of the second o The state of the s Marie Committee of the State of experience of the second of the second

117	1	04065 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
Put TX		Item#5 FilmG411 4/7/69 km CERTIFICATE OF DEATH 04057
er death funeral V and 2 er death.	1. D	ECEASED-NAME First Middle Lost 20. DATE OF DEATH Doy 1/4 Year 19 Month Doy 1/4 Year 19 Month
within 24 have after death hy the the funeral on paper. Pages 1 and 2 within 72 haurs after death	3. S	S. DATE OF BIRTH 9 1910 6. AGE (In years III-dinder 1 Year III Under 24 Hrs. lost birthday) Months Days Hours Min
nour Page		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
A had		Wisconsin U. J. H. WIDOWED DIVORCED MINTGOMERY Md.
> / 6 / /	1	Settles da give street oddress) Sue beer h 2 during most of working the, even it retired.) MOUSTRY
e executed, within completely the remove Lenbon, p any event, within	13o. odm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b, COUNTY 13b, COUNTY 13d, VES NO 370 475 475
ote be exe	14.	FATHER'S NAME First Middle Lost JS. MOTHER'S MAIDEN NAME First Middle Lost
ate b	160	UNKNOWN Pearl Paige WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
physician physician en please aval, and		(es, no, or unknown) (If yes give war ar dates at service) 578-22-6887 Harold J. Solland As about
it the death ce the attending isit permit. Th matian, ar rem		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gove rise to immediate couse (o), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
uires t lysicia Ined b rial-tr		lost. (c)
v required by the phe but ta but	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
The law ratending attending has been see as the th prior ta	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20d. AUTOPSY? YES NO CAUSES OF DEATH? 20d. AUTOPSY? YES NO CAUSES OF DEATH?
PHYSICIAN: he haspital ar this certificate letached far us Dept. of Healt	MEDICAL CE	21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING O
s PHYS the has this ce detache e Dept.	WE	21d. INJURY OCCURRED While Not while of work 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health prior ta burial, crea		22a. I certify that (1) (this haspital) attended the deceased from
be reto DIRECT ge 3 sh led with		226. SIGNATURE DEGREE ATTENDING MED. STAFF SIGNED 226. DATE SIGNED DIRECTOR PHYS. 3/28/69
SPITAL 4 may NERAL tar, pa		22d PHYSICIAN'S TOHN B. UMHAU 22e. ADDRESS Com. Ave. Chan Chang Change 188
TO HC Page TO FUI direct shau		BURIAL OF MANORY 23b. DATE 4-1-69 23c. NAME OF (EMETERY OR CREMATORY Lake Geneva, Wisconsin
VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR RObert A. Pumphre Moress 7557-Wisconsin Ave., Bethesda, Md. DATE 250. APPRBY REGITRAL 969 25b. REGITRAL



Town to dia and the second seco

					CPARIMENT OF					
1 0	4067	DIVISION O	F VITAL RECORDS,	301 W. PRE	STON STREET, BAI	LTIMORE, MAR	YLAND 21201	01	() m = =	
U	4004				TE OF DEATH			04	1059)
				LEKTIFICA	IE OF DEATH					
1. DECEASED		First	Middle		Last	2o. DATE OF	DEATH			2b. HQUR
Type ar	print)	1ARGARET	- 1	DI	MAID		Mapth	Dow	Year	046
			///				3	8	69	0 AMM
3. SEX		4. RACE		S.	DATE OF BIRTH		6. AGE (In years	IF UNDER		UNDER 24 HRS.
10 -7 7 7	FEMAL	IF	MILITE	9550	8/2/94	/	last, birthday)	MONTHS	DAYS H	HOURS MIN
7 01071101			NO HIIC				17 YI	RS,		
/o. BIKIHPL	LACE (State or fareign	7b. CITIZEN OF V	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF		,		
127	MADE IM.	KU 11	1.54	WIDOWED -	DIVORCED	MON	TOOMER	2.0		
10 CITY OF	TOWN OF DEATH	11	NAME OF HOSPITAL OR INS					-		Md.
		ALC Div	e street address)	i ton ti) MUITUILI	n nospiral		(Kind of wark dor		KIND OF 8U	SINESS OR
310	-VER SPRI	NO giv	WHEATON N	UURSING	HOME OUTING	mast at warking	life, even if retires	יטאון וויי	ISTRY /	40 ME
13g. USUAL	RESIDENCE (Where d	assessed lived of invests		13c. CITY OR TO		V IIMITCO 1100 CTE	REET AND NUMBER		7//	12/012
admission)	STATE *	AUD 13b. COUNTY					1 1		Vin.	1
	MAKYL	AUD A	(DUTO OM FRY	SILVERS	PRING YES 4	1/2	11 6066	EGE	VIEW	DR.
14. FATHER'S	S NAME First	Middle	Lost	IS M	OTHER'S MAIDEN NAME	First	Middle		-	Lost
	Ph. 11	in Un	1		The state of the s	An av a	11110016	11.	. 1	1 1
	Mull	yo KU				moul		NOT	elly.	LLCO
	DECEASED EVER IN U.S.	. ARMED FORCES? s give wor or dates of service)	16b. SOCIAL SECURITY N		RMANT		90 Address	17 VZ	PALON	V AVE
Yes, no, o	or unknown) (If yes	give wor or dates of service)	158-07-	51484	ARTHIR	n: MOI	1011	into	1/1/	-
	77.0.			/	THUMON	DIIMI	O INVI	No-101	APPROXIMATE	- Witchile
18. CA	AUSE OF DEATH (Ent	er only ane couse per	line for (a), (b), and (c).)				8	BETWEEN ONSET	AND DEATH
P	PART I. DEATH WAS CA	AUSED BY: MEDIATE CAUSE (a)	OFREBRO	VASO 1	LAR ACCID	EXIT			614	
1	1369 IM	() —		VH JC U	- TVCCTY	NI			617	165
1 9	00/	DUE TO, OR	AS A CONSEQUENCE OF		->				0.0	
	tions, if ony, which g		AIZLEI	161-0201	152051S			17.	8 1/1	5
	immediote couse		AS A CONSEQUENCE OF							
stating	g the underlying co	use Joe 10, OK	NO A CONSEQUENCE OF							
) (c)								
PART	2. OTHER SIGNIFICANT	CONDITIONS CONTRIB	UTING TO DEATH BUT NO	OT RELATED TO TH	E TERMINAL DISEASE O	RCONDITION GIVEN	IN PART 1(a)			
		NONE					. ,			
TO DE LE LA LIBITATION DE LA LIBITATION	ATT OF OPENATION									
3 190. DA	ATE OF OPERATION	TYD. CONDITION FOR W	HICH OPERATION WAS PER	REURMED	20a. AUTOPSY?		YES, WERE FINDING	S CONSIDER	ED IN CERT	IFYING
1 医				The Carrier St.	YES NO	CAUSES	OF DEATH?			
21a. A	CCIDENT WAS UNDER	RLYING 216. TIME (OF INIURY	21. HOW	INJURY OCCURRED (En		in Dart 1 D-+	2 lan 101	\	
	CONTRIBUTING CAUSE OF			ZTC. HOW	HADRI OCCURRED (EU	ner nature of injur	y in ran I ar Pan	z, irem 18.))	
OR O	ner, natify medical ex	kominer) P.M.								
₹ 21d. II	MILION OCCUPATED I	21e. PLACE OF INJURY			TON Street or R.F.D. N	Na. City	ar Town	Count	tv	State
While	Nat while		OFFICE BUILDING, ETC.	/ tocal	JOHN SHOOL OF INT. D. 1	Tu. City	ai iowii	COUNT	1	31016
at wark	K at wark									100
22a.	I certify that (1)	(this haspital) at	tended the decease	d fram	19 6D . 19	, ta_	3/4	1966	, that (I) (we) last
9	saw the decease	d alive an	3/4 1	969 and th	nat in (my) (qur) a	pinian death a	courred on the	date and	houran	d fram the
	causes stated ab	gave. (1) (we) (did) (did not) view the l	bady after dea	ith.	p	COTTOG OIL LIE	auto unu	a reduce ull	d iidiii iile
	GNATURE	, (., (., 0) (ala	The state of				1 -	0 01== ===	MIED	
220. 31	ONATURE /	/	14	0	ATTENDING -	MED.	STAFF - 2	2c. DATE SIG	SNED /	
	(1	myll.	Store)	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3/8	169	
	PHYSICIAN'S				22e. ADDRESS			0	-	
	NAME (Type)	EURVI	STOUT	- MD	1001	1 65007	FIA AUF	SILVI	EP JP/	ZINGH.
	() (77		(1)		Doctor	111/11/1	0/0/0	, ,,	
23a. BURIAI	L, CREMATION,	23b. DATE	23c. NAME OF C	CEMETERY OR CRE	MATORY	23d. LOCATIO	N (City or Town)	(Caun		(State)
RASS	VAL (Specity)	3-11-196	39 HOLLY	Was 1	MEMPK CE	21 111	lion.	NO		
DA SUMEDA	I DIDECTOR		ADDDECC	· Wa	al silve prop	DV. DECISTOAD	DEL DECKERNA	D'C CICHATI	IDC @	-
760 FIINEPA										
W LU	Chand	ers Co	1400 Chafe	in Sti	ul)	AR 19 1	and water	2331614110	J'KE Year	اعد



1	MARTLAND STATE DEPARTMENT OF HEALTH	
	04068 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 O 4 0 6	30
I	DECEASED-NAME First Middle Lost 20. DATE OF DEATH Type or print) Vera Montros Dixon 3 Month 5 Doy 69 Year	2b. HOUR
	EX 4. RACE S. DATE OF BIRTH 6. AGE (In yeors I F UNDER I YE)	AR IF UNDER 24 HRS. AYS HOURS MIN.
	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Montgomery	Md.
I	wheaton give street oddress) Lanver Sity New Singlifornia most of warking life, even if retired.) INDUSTR	
7	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before nission) STATE D.C., yb. COUNTY D.E., Washington YES NO 7/1 Rhote Island	Ave NW
	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
	N. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown (II yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 7/19-R. I.	My M.W
	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o). DUE TO, OR AS A CONSEQUENCE OF	PROXIMATE INTERVALEN ONSET AND DEATH WERE C
	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	hithic
	YES NO CAUSES OF DEATH? VES NO CAUSES OF DEATH? CAUSES OF DEATH. CAUSES OF DEATH.	N CERTIFTING
	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED While Not while of twork Not work OF WORK Not work Not work OF WORK Not work OF WORK Not work Not work OF WORK NOT	Stote
	22a. I certify that (I) (this hospital) attended the deceased from 18 , 19 , ta 19 , the saw the deceased alive an 19 , and that in (my) (our) opinion death accurred an the date and ha causes stated abave, (I) (wa) (did) (did not) view the bady after death.	
	22d. PHYSICIAN'S NAME (Type) ATTENDING MED. STAFF PHYS. DIRECTOR	69
ı	REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMELERY OR CREMATION REMOVAL (Specify) 23d. IQCATION (City or Iown) 12d. IQCATION (City or Iown) 12d. IQCATION (City or Iown) 12d. IQCATION (City or Iown)	M. E.
	FUNERAL DIRECTOR DADDRESS June 1250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE MAR 1 1 1989 Through S	Judge

380 M

	1				EPARIMENT OF HEA			
11		04069	DIVISION OF VITAL RECOR			ORE, MARYLAND 21201		
				CERTIFICA	TE OF DEATH		04061	
24 haurs after death. ed in by the funeral pers. Pages 1 and 2 72 hours after death.		ECEASED-NAME First	Middle	. 1 1		o. DATE OF DEATH) V	2b. HOUR
dec dec		Mey	ev 1	Volen	sky	3 Manth 2 5	Oay 6 9	552M
fer for free free free free free free fr	3. 5	EX	4. RACE	S.	DATE OF BIRTH	6. AGE (In years last birthday)		IE UNDER 24 HRS. HOURS MIN
s al the age		pr.	Caucasis	n C	lug. 11.	1914 54 YR		nouks min
by by		BIRTH LACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED 9. C	OUNTY OF DEATH		
4 4 Per in Per i	100	(aue	U.SA	WIDOWED [BIVORCED 🗆	montgom	eren	Md.
nin 2 pagp	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OF	R INSTITUTION (If not in	n hospital 12a. USUAL 00 during most	CCUPATION (Kind of wark danger of warking life even if retired	A PACOLINITION OF DE	USINESS OR
bank with		pethesas	I du hi	upar	U Ch		and files	y auson
e executed within 24 hand campletely filled in remove carban papers.	13a	USUAL RESIDENCE (Where deced	sed lived, if institution: Residence before	ore 13c. CUTY OR TO	OWN 13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	. 0 .	10.
cam	1	- AA	Moredomin	selpe	ecla YES NO	10003 Halo	nturst)	Yard.
equires that the death certificate be executed with physician. signed by the attending physician and campletely the burial-transit permit. Then please remove carban burial, crematian, ar remaval, and in any event, with	114.	FATHER'S NAME / First	Middle	15. M	OTHER'S MAIDEN NAME First	Middle		'Lost
an an and in	1/-	WAS DESCRIPTION IN THE AD	MED FORCES? 166. SOCIAL SECUR	ty 1	ena.	1 Clark	. /	
physician of per please aval, and it	100	WAS DECEASED EVER IN U.S. AR	war or dates of service)		IRMANI	Address	James	40
ne death certific attending phys permit. Then p	-	1010 11			rsex No	unicy	APPROXIMA	TE INTERVAL
ding rem		1B, CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE	nly ane cause per line for (a), (b), ond D BY:					SET AND DEATH
ne death affendi permit. ian, ar r			ATE CAUSE (a)Myocard	lial infar	ction		4 80	45
the per tian		Canditions, if any, which gove	DUE TO, OR AS A CONSEQUENCE			-h +h membesis	400	111
the the nsit permatic		rise to immediate couse (a),	(0)		sclerosis wit	II CHIOMDOSIS	100	75
s tha cian. d by tran		stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE	UF				
equires that the physician. signed by the burial-transit burial, crema			(c)	T NOT PELATED TO TH	HE TERMINAL DISEASE OF COND	ITION CIVEN IN PART 1/a)		
req ig p n si o bu		THE STORM CARL	TOTAL CONTRIDUCTION TO DEATH DO	I NOT KEGATED TO IT	TE TERMINAL DISEASE OR COND	THOR OTTER IN TAKE I(0)		
te law re tending as been as the priar to l	NOIT	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS	S PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS	S CONSIDERED IN CER	TIFYING
The law requires the attending physician. has been signed by se as the burial-tra	CERTIFICATION				YES NO NO	CAUSES OF DEATH?	Ges	
ar ar us		21a. ACCIDENT WAS UNDERLYI				rure of injury in Part 1 ar Part 1	Item 1B.)	
CIA ital ital of Ho	MEDICAL	GR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Month Day Y iner) P.M.	ear 19				
by the haspital ar attending physician. It is a death certificate be executed within 24 haurs after death by the haspital ar attending physician. It is certificate has been signed by the attending physician and campletely filled in by the funeral be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 3 state Dept. of Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after death	ME	21d. INJURY OCCURRED 21e	PLACE OF INJURY (AT HOME, FARM, STREET	T, EACTORY.) 21f. LOCAT	TION Street or R.F.D. Na.	City or Town	Caunty	State
the this deta		While Nat while at wark						100
by t ffter be obe		22a. I certify that (I) (th	nis haspital) attended the dece	eased from	123,1969	, ta >/25,1	9 62, that (l) (we) last
END sed St. A suld the		saw the deceased of	e, (I) (we) (did) (did not) view t	19 <i></i> , and the	hat in (my) (our) opinior	n deoth occurred on the	date and hour ar	nd from the
Shoot iff		22b. SIGNATURE	, (i) (we) (ald)/(did fiot) view i	The budy unter ded	1/1	22	c. DATE SYGNED	
OR ATTENDING be retained by the SIRECTOR: After the 3 should be did and with the State	16	Maller	Kill Miles	MASSIGNE	PHYS. MED. DIRECT	STAFF C	3/26/0	10
AL AL DOUGH	13	22d. PHYSICIAN'S	DA		22e_ADDRESS	11113.	10	10
TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital ar at To FUNERAL DIRECTOR: After this certificate hadirector, page 3 should be detached far use should be filed with the State Dept. of Health		NAME (Type) KOB.	ERT / 1/1/6NX6	OMERY	3411 CED,	AR LANE	DETHES	DA, 111 B.
HO H	230		DATE 23c NAME	OF CEMETERY OR CRE	EMATORY 23	d. LOCATION (City or Town)	(Caunty)	(State)
OT D I Sh	4	JUN172			DEINL PARK 1	THIS CINECH		VA.
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDR	1 1	250. APRBY RE	GISTRANGES 256. REGISTRAN	R'S SIGNATURE	ic.
45M - 1/69	O	XDBEKG FUNERAL	HONG 4217 971	STINU.	DATE	U	0 0	

200 The sales of the former that will a mile to be the the the TOTAL LAW / Comm. St. St. of all I have been the stranger to

2		MARYLAND STATE DEPARTMENT OF HEALTH O 4070 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04062
HEALTH DEPT.		DECEASED-NAME First Middle Last 20. DATE KNOWN Mont	
ay is 3 ta Page int af	((Type or Print) Flarence H. Donaldson DEATH MATED MAY	2 23 1969 2:89
	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
2, and PM3.	I	Famale White 3/16/78 9/ YRS. MAR	13 Year 1969 2 30 m
- E 8		BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 7b. CITIZEN OF WHAT COUNTRY?	
n fan	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done)	
hours after death Office along with farm 1 and 2 with the State De after death.	5	Silves Spring give street oddress) Halv Cross during most of working life, even if retired.	MDUSTRY
along along death.	13a.	1. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 3c. CLTY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	01
2 w dec		odmission) STATE NO 13b. COUNTY MONT, Ca. Si Sog. YES NO 11 410 Ed No	OR KORO
hours Item 1 Office I and 2		FATHER'S NAME First Middle Last IS. NOTHER'S MAIDEN NAME First Middle	Lost
4 6 8 8	-	HAM DEL EATON SARAH DEL WAS DECEASED EVER IN U.S. ARMED FORCES? [166. SOCIAL SECURITY NO. 17. INFORMANT (50 M) ADDRESS	7 BO 1: 1
		Yes, no, or unknown) (If yes give war or dates of service) No WE EDWIN R. DONNEDSON 410 EDN	SILVEN SMINE
		18. CAUSE OF DEATH (Enter anly ane cause per lipe for (a), (b), and (c).) /	APPROXIMATE INTERVAL
d be executed d'pending" in Chief Medical Fransit permit. Py event within		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cicule Remove Gracue Kenerea	lites
e execut pending" ef Medicc isit permi		DUE TO, OR AS A CONSEQUENCE OF	
d be d "pe Chief rransii		Conditions, if any, which gave rise to immediate cause (a). (b)	
war war the rial-		stating the underlying cause last.	
INER: This certificate she certificate, writing the shauld be farwarded ta files. 3 should be used as a bu ation, ar remaval, and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OF CONDITION GIVEN IN PART 1(0)	
certificate writing th irwarded to used as a to maval, and	z	Intertinal Bleeding - Diverticulo	sig
nis certific te, writin farwards e used as remaval,	CATIC	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This ficate, be for d be u	CERTIFICATION	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 or Part 2	YES NO
INER: Te certifice shauld be files. 3 should a should intion, ar		PRIMARY OR CONTRIBUTING HOUR A.M.	, irem 10.)
	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
KAM te the tge 4 yaur age cren		WHILE AT WORK AT WORK foctory, office building, etc.)	
To Pe E		220. I certify that I took charge of the remains described above, held an Autopsy X, Inspection X, Inquiry	and in my opinian
Se e ectar need need by bu		deoth resulted from: Natural causes Accident , Suicide , Homicide , Undetermined monni	er 🔲
please e director retained DIRECT		ACTUAL CHIEF MEDICAL EXAMINER C	ATE SIGNED
ury, ple neral di be ret priar		SIGNATURE MEDICAL AVAILABLE OF THE SIGNATURE OF THE SIGNA	1011
TO DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to burial, crem		EXAMINER'S ARME (Type) SELDEN KEAP /4 DADRESS (Trent) into young county) (AR	CH = 3,1769
10 Te He	230	a. BURIAL, CREMATION, REMOVAL (Specify) 23b. DATE 23c. NAME OF CEMERATORY 23d. LOCATION (City or Town)	(County) (State)
		Cremetry 3-25-1969 Ft. Servel Cremetry Coleman Man	
VR A15ME (5)	4		way younge
10M REV. 1/68		District to the second	1

DEDICE STATE TOWN SERVE STATE OF THE PROPERTY OF THE SERVE STATE OF TH HI AND TO HEAD PROPERTY AND HAVE A STREET The state of the s THE RESIDENCE OF THE PROPERTY OF THE PROPERTY

1 4 1 6		Made arrows))			
			0.1	1/31/59		
	MON-PORTER				SCO. ST	.C
	TE ID		no rao.		OMILHES SI	arte :
Joe J.	TI COLB		MILE WIEW)	CERTAIN C	
5550		Degra	DOMOBUE	PRANCIS	TOTAL	5
	igeno - i	0		. 1. 0		5
	8/2					

		NO STATE DEPARTMENT OF HI		
1 04072	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BALTIN	MORE, MARYLAND 21201	0100
04078		CERTIFICATE OF DEATH		04064
1. DECEASED-NAME Fir (Type or print)	st Middle	Last	2a. DATE OF DEATH	2b. HOUR
(Type of pillit) Ew	EUL L	DOOLEY	manch Doy	
3. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS.
male	white	9/30/89-	last birthday) YRS.	MONTHS DAYS HOURS MIN
7o. BIRTHPLACE (State or foreign country)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	COUNTY OF DEATH	
IVIISS.	U.SA	WIDOWED DIVORCED DIVORCED	CONTRACT	Md
10. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II give street address)	// during mos	OCCUPATION (Kind of work dane t of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13a. USUAL RESIDENCE (Where dece	ased lived, if institution: Residence before	13c CITY OR TOWN 13d. INSIDE CITY LIMI	15? 13e. STREET AND NUMBER	
admission) STATE	MONTES MERY	Rockulle YES NO	199 Kollins A	JUE. April-31
14. FATHER'S NAME First	Middle Last	IS. MOTHER'S MAIDEN NAME Firs		Last
Ihon			llie Simm	Davis.
16a. WAS DECEASED EVER IN U.S. A Yes, na, ar unknawn) (11 yes giv	e war or dates of service)		Address	13 8 M
	- 431-58-	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	leg Emilys	APPROXIMATE ANTERVAL
1B. CAUSE OF DEATH (Enter PART I. DEATH WAS CAU	anly ane cause per line far (a), (b), and (a			BLTWEEN ONSET AND DEATH
	DIATE CAUSE (0)Gocacal			24 Vous
Conditions, if any, which gav	DUE TO, OR AS A CONSEQUENCE OF		-	7
rise to immediate couse (o	(b) Certific			
stating the underlying caus	DUE TO, OR AS A CONSEQUENCE OF			
	ONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OR CO	NDITION CIVEN IN DART 1/a)	
	ONDITIONS CONTRIBUTION TO DEATH BOTT	TO RELATED TO THE TERMINAL DISEASE OR CO	ADITION GIVEN IN PART I(d)	
190, DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 2Da. AUTOPSY?	2Db. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
190. DATE OF OPERATION 19		YES NO E	CALICEC OF DEATHS	
		21c. HOW INJURY OCCURRED (Enter r		tem IB.)
S OR CONTRIBUTING CAUSE OF D		9		
S at I william accurate I at	e. PLACE OF INJURY / AT HOME, FARM, STREET, FA		City or Town	County State
While Nat while at wark	OFFICE BUILDING, ETC.			
22a. I certify that (I) (his haspital) attended the deceas	sed from Mar 16 , 196		67, that (I) (we) las
saw the deceased	alive an rear / 4	1967, and that in (my) (aur) anini	an death accurred an the da	te and haur and fram the
causes stated abo	ve, (I) (we) (did) (did nat) view the	bady after death.		
220. SIGNATURE	ne Alexano M	DEGREE PHYS MEI	O. STAFF	DATE SIGNED
22d. PHYSICIAN'S	1 July 12 m	71113 DIR	11113.	/ / -/
NAME (Type) Geor	ge Sharpe MD	22e. ADDRESS 10400 Gc	nn. Ave. Kens	ington, Md.
	. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Lawn)	(County) (State)
		lawn Cemetery	Rockville	Mont. (State)
24. FUNERAL DIRECTOR A PUT	ophrey 7557 Aports	consin Ave 250. RECD BY		SIGNATURE
TODOLC 13 LUI	Bethesda	, Maryland MAR 2	1 1969 Jacones	y Vacdas.

					27030
			0.74		
			1180		
		V SSA	19 N		
THE MERCHANISM					
Con . We. Land Con			1 9 Track		
	ni sane ta				
	10000000000000000000000000000000000000	,		a light of	A VENTSTEIN

1	" " " " ()	DIVISION OF VITAL RECORDS,			
	Item2a FilmG411	4) ->) ->	ERTIFICATE OF DEA		04065
the funeral orges I and 2 resolution of the control of the control or	DECEASED-NAME First (Type or print) James	Middle John	Lost Douglas	2a. DATE OF DEATH Months	Day 24 Year 9 2:30 Am
an 3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	
GTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages I and 2 ith the State Dept. af Health priar ta burial, crematian, ar removal, and in any event, within 72 habrs after death and examples of the contraction of the co	Male	White	2-16-12	6. AGE (In years last birthday)	YRS. MONTHS DAYS HOURS MIN.
signed by the attending physician and campletely filled in by burial-transit permit. Then please remave carban papers. Burial, cremation, ar removal, and in any event within 72 hadran strength of the second strength of the second strength of the second second strength of the	ountru)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
_	Pennsylvania		WIDOWED DIVORCED		Md.
d 10	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS		o. USUAL OCCUPATION (Kind of work d ring most of working life, even if retire Sales	
3 13	Silver Spring	d lived if institution: Pecidence before		DE CITY LIMITS? 13e. STREET AND NUMBE	Carpets
3 00	dmissian) STATE Md.	13b. COUNTY Montgomery	Sil. Spr. YES		eaf Dr.S.S.Md.
14	4. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN N		
3	John	? Douglas		Katherine ?	AJ CARARA
1 7	6a. WAS DECEASED EVER IN U.S. ARME Yes, no. ar unknown) (If yes give wa			Addre	ss Lanham, Md.
) =	Yes, no, ar unknown) (If yes give wa	173-09-3	288 Mrs. Margar	et Colony - 9243	Greenwood La.
1	18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	one cause per line far (a), (b), and (c).	/ A/	1	BETWEEN ONSET AND DEATH
4	IMMEDIAT	E CAUSE (a)	ente Myoca	rdial Interction	Hours.
3	Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE OF	CORONARY	THROMBOSTS	
3	rise to immediate couse (a), stating the underlying cause	(b)	,	-11.4.1001	11-
2	last.	(c)	ARTERIOS QE		YEARS.
	PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEA	SE OR CONDITION GIVEN IN PART 1(0)	
2 3	190. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20g. AUTOPSY?	20b IF YFS WERE FINDING	NGS CONSIDERED IN CERTIFYING
7 3	190. DATE OF OPERATION 196. CO	ONDITION TOK WHICH OF ENAMOR WAS TE	YES 🗆	NO CAUSES OF DEATH?	
		21b. TIME OF INJURY	21c. HOW INJURY OCCURRED	(Enter nature of injury in Part 1 or Po	rt 2, Item 18.)
1	G CONTRIBUTING CAUSE OF DEATH	er) P.M. 19			
1	21d. INJURY OCCURRED 21e. F While Not while at wark	PLACE OF INJURY (AT HOME, FARM, STREET, FAC	TORY,) 21f. LOCATION Street ar R.	F.D. Na. City ar Town	County State
	at wark at wark	haspital) attended the decease	od from 19ct (00	19 67 to March 22	19.45 that (I) (we) last
3	caw the deceased ali	vo an //mustry	9 69 and that in (my) (or	ur) apinion death accurred on th	e dote and hour and fram the
8	causes stated abave,	(I) (we) (did) (did nat) view the	bady/after death.		22c. DATE SIGNED
2	22D. SIGNATURE	6. Granami	DEGREE PHYS.	MED. STAFF PHYS.	3/24/65
Y	22d. PHYSICIAN'S	/	22e. ADDRESS		were 56 Mil
7	NAME (Type) #4460		10/0		VENUE 55. 701-
2:	3a. BURIAL, CREMATION, 23b. D	ATE 28. 1969 St. 9	CEMETERY OR CREMATORY	123d. LOCATION (City or Town)	L Cayuga County
, 2	Warner Pirector Bumphr			RECD BY REGISTRAR 69 25b. REGIST	
SR T	warner Co Emporer	Spring Md Po	S. Smith	AK 2 0 1303	and the house

MAKTLAND STATE DEPARTMENT OF HEALTH

97		×		

	PTC 16 TAX		10 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
DES EF INC. E	อเครื่องอย	n.iol,	20 117
	in and	eride :	0.50
Robbyowers		.4.2,1	Verneylvense
Sarpote	eise Tom . seie	TO TON	inital asvilla
. Maria control personalist	36 T . 19" . I	to the outres	
	30%	enleuo ?	Ti o Ti
	iles. Hermael Co	3 3-(3-27)	1
us man sample W. M. Joannes		Section 1	
	1.00		grilling Danish

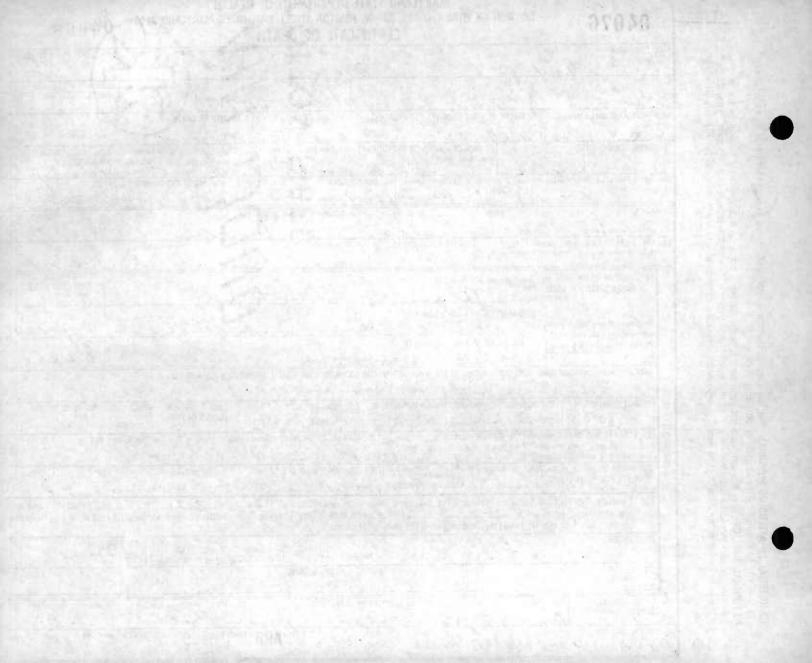
FOR STATE		04074 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	066
HEALTH DEPT.	1. [DECEASED-NAME First Middle Lost 20 DATE KNOWN Month	Day Yeor 2b. HOUR
at de de si		lyne or Print)	7 1969 6 4
P 3 4	3. 5	EX 4. RACE S. DATE OF BIRTH 6. AGE III years IF UNDER 7 YEAR IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD	2d. HOUR
y delay is and 3 to PM3-Poge arratent of		7e- W- APTI/19,1919 Gast birthday) MONTHS DAYS HOURS MIN. Month March Day 27	Year 1969 9 15 N
P 2		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
death. The Pages 1, 2, 2, 3 with form 1		OHIO. N.S.A. WIDOWED DIVORCED MONTGODIETY	M
Sta	10.	45 13 11 12 12 12 13 13 13	2b. KIND OF BUSINESS OR NDUSTRY
after death. 8. Give Pages 1, blang with farm with the State Deleath.		Del Mescie. 25 Forming Ton Court	ADOSIKI
s after 18. Girls Alang	130	TISTIAL PERIDENCE INCOME ACCOUNT IN THE INSTITUTE OF THE INTERIOR OF THE INTER	c +
S/9 2 9/3	L.	idmission) STATE Mary lan 136_count Montgomery Bethesdo YES NO 1 25 Formingt	67 COUFT -
hours a literal 18. Office all 18.	14.	FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
72 2 2 2		Clinton C- Hayes Minnie -	Delong
hin 24 hours after ncil in Item 18. Giv niner's Office along pages land 2 with thours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
nould be executed within Sword "pending" in pending the Chief Medical Examiner rial-transit permit. File page only event within 72 hauransit permit.		NO 1945 GIVE WORD OF COMES OF SERVICE) 579-05-9095 BEODIFIETOWIN MED. SCH. RELOW	
ed in E		18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
xecuted nding" ir Medical permit.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) - GUT Shot wound of Head-	Sudden.
should be executed be word "pending" in the Chief Medical E urial-transit permit. Fin ony event within		1955 X DUE TO, OR AS A CONSEQUENCE OF	
pe "pe "pe hief		Conditions, if any, which gave rise to immediate cause (a), (b)	
uld ord e C e C		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
shauld be e ne word "per a the Chief I burial-transit		last. (c)	
INER: This certificate shauld e certificate, writing the word shauld be farwarded to the Clifles. 3 should be used as a burial-tradition, or remaval, and in ony		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
certifi , writii arwara used c maval	TION	190, DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
fary fary	CERTIFICATION	WAS PERFORMED?	YES NO X
Thi icat be be	CERT	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item	
S. S. ould	Z	PRIMARY AOR CONTRIBUTING 6? BM. 3/27 1969 Shot Self in Mouth -220-21. Ret	
INE e ce sha file 3 sh atic	MEDICAL	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town	County State
DEPUTY DICAL EXAMINER: This seessary, please execute the certificate, e funeral director. Page 4 should be famay be retained for your files. FUNERAL DIRECTOR: Page 3 should be ealth prior to buriol, cremation, or research		WHILE AT WORK AT WORK AT WORK Henne 25 Farmington Court Bethesdal	Montgomery Md
Por for riol,		22a. I certify that I taak charge af the remains described above, held an Autapsy, Inspection X, Inquiry X,	and in my apiniar
tfor the bull		death resulted from: Natural causes 🔲 , Accident 🔲 , Suicide 💢 , Hamicide 🔲 , Undetermined manner 🕻	
please director retaine DIREC	1	CHIEF MEDICAL EXAMINER	
ry, please ry, please retaine RAL DIRE prior to	13	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 22b. DATE SI	
Sary sary by		EXAMINERS	ch 27, 1969
TO DEPUTY DICA necessary, please extremely functed director. S may be retained to FUNERAL DIRECTOR. Health prior to but		NAME (Type) ADDRESS(Street, city, tawn, or county)	
07 = 20 H	230	DEMOVAL (Specific)	County) (State)
0		The state of the s	,
A constant	24	FUNERAL DIRECTOR JOHN DE COLOR ADDRESS 250. RECID BY REGISTRAR 25b. REGISTRAR'S SIG	
VR A15ME (5)	1	I Vol Flinera Dome Wash D. DAAPR 1 1969 policarel	as Joedge.

MAKTLAND STATE DEPARTMENT OF HEALTH

O COLUMN TOWN TO A STREET THE PARTY OF THE P

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04067 CERTIFICATE OF DEATH 1. DECEASED-NAME the funeral ages 1 and 2 rs after death. Middle Last 2g. DATE OF DEATH 24 haurs after death. 2b. HOUR (Type or print) Manth 30 BURNS (0 051 OWNEV 3. SEX 4 RACE S DATE OF BIRTH 6. AGE (In years IF UNOER 1 YEAR IF UNDER 24 HRS. last birthday) DAYS **HDURS** CAUCASION MALE 11-16-1881 in by 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH U.S. A. mondgomer WIDOWED S DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital UIL 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address) Betherda - Silver during most of te carban INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13d. INSIDE CITY LIMITS? admission) STATE 136. COUNTY WASHINGTON YES X NOF The law requires that the death certificate be execu remo in any 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First the attending physician and sit permit. Then please rem Last and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Yes, no or unknown) (If yes give war ar dates of service) remayal, SAME AS APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c). BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY 5 IMMEDIATE CAUSE (a crematian, Conditions, if any, which gave; leros (5 burial-transit rise to immediate cause (a). signed by stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF last. of Health priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending FUNERAL DIRECTOR: After this certificate has been far use as the 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO F 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day Year (If either, notify medical exominer) P.M detached State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INIURY (AT HOME, FARM, STREET, FACTORY,)
DEFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work TO HOSPITAL OR ATTENDING 22a. I certify that (1) (this hospital) attended the deceased fram. pe 129/69 19 saw the deceased alive an_ and that in (my) (our) apinian death accurred an the dafe and haur and fram the directar, page 3 shauld should be filed with the causes stated above, (1)-(we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. 3-30-69 DEGREE PHYS. DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23o. BURIAL, CREMATION 23b. DATE 23 NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 2 24. FUNERAL DIRECTOR 5130 W.S. AVE 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE DATAPR 1969

2 2	MAKITAND STATE DEPARTMENT OF HEALTH	
	04076 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MAI	RYLAND 21201 0 4 0 0 0
	CERTIFICATE OF DEATH	04068
: 23	Decraced Many	DESCRIPTION OF THE PROPERTY OF
हे इन्हें	(Type or print)	DEATH/YORK 12 /9C 2b. HOUR Month Doy Year 12:35
8 2 9	HIGGST 1146GAN	Month Doy feet M. M.
les l	3. SEX 4. RACE S. DATE, OF BIRTH	6. AGE (In years IE UNDER I YEAR IE UNDER 24 HRS.
the the sales	Moje Caucarion Uniment 1883	last birthday) MONTHS DAYS HOURS MIN
by Pour	DIRTINISC III	8.5 YRS.
24 hours after death din by the fundral pers. Pages 1, and 72 hours after death	country) NEVER MARRIED NEVER MARRIED 7. COUNTY OF	
ped by 24	South Carolina U.S.A. WIDOWED DIVORCED Monta	emacy Md.
hin 24 filled n pape thin 72	U. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in baseital 120, USITAL OCCUPATION	(Kind of work done 125 KIND OF PHEINTER OF
kexuted within 24 hours after completely filled in by the flowe carban papers. Pages by event, within 72 hours after the flower of the flower	Lilver Spring, Maryland - 12325 New Harap. Av. Market	life even if retired.) INDUSTRY
d die	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 113c CITY OR TOWN	REET AND NUMBER
omptet ve car event	idmission) STATE	
exeruted tomple and complete any event	Troinera 1 0 Laurer 200	09 Parkuray Drive
	4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First	Middle Last
d dir	unterword Rusgan was las in	
that the death certificate be executed in the attending physician and tome transit permit. Then please remove cremation, ar removal, and in any every	60. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17-INFORMANT	Address
iffic al,	Yes, no, or unknown) (If yes give war ardates of service)	
ph ph	10 CALLET OF PRATILIFY	APPROXIMATE INTERVAL
ling th	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
enc ar	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute congestione failure	3 Roess
aff an, an,	4/85 DUE TO, OR AS A CONSEQUENCE OF	
ii the	Conditions, if any, which gave	100 10 10 1000
hat n. y t sans	iise to initillediote couse (0),(ace 107 acs
s t cial d b l-tra	1 2	10 110
equires physici signed burial-i burial,	- 10 serve year and we were	
Ihe law requires that the death certificate be attending physician. has been signed by the attending physician are as the burial-transit permit. Then please rehariar ta burial, crematian, ar removal, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN	I IN PART I(a)
PHYSICIAN: The law re he hospital ar attending this certificate has been s letached far use as the l s Dept. af Health priar tak	Frocture Right feweral rock (old.)	
la l	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF CAUSES 22 - Pet. Jamanal Walk. YES NO CAUSES 1210. ACCIDENT WAS LINDERLYING 1215. TIME OF INJURY.	YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The outh	8-20-68 2. Pl. Jeward neck, YEST NOW CAUSES	OF DEATH?
PHYSICIAN: The e hospital ar atte nis certificate has tached far use a Dept. af Health pr	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury	
fice and the Head	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year P.M. & 19 1968 Full in The Third Control of Injury P.M. & 19 1968 Full in The Third Control of Injury P.M. & 19 1968 Full in The Third Control of Injury The T	
SICI Spit errif ed ed	[If either, natity medical exominer] P.M. 8 19 1968 File all Plants	conce
HY ho s c ach ach	While Metablic 216. FEACE OF INJURY OF FILE BUILDING STC	or Town Caunty State
G PHYSIC the hospii this certii detached ie Dept. af	While Not while Tarriant Tursing House Fairland Tursing House	felser server was
OR ATTENDING PHYSICIAL be retained by the hospital JIRECTOR: After this certifice. e. 3 should be detached for ed with the State Dept. af He	22a. I certify that (1) (this hospital) attended the deceased from $8 - 10 - 1960$ to	3,21 , 1969 , that (1) (we) last
ND Id Id	saw the deceased glive an 3-2/ 1969, and that in (my) tarret anihigan death a	coursed on the date and hour and from the
A ATTENI retained retained ECTOR: A 3 should with the	causes stated above, (1) (we) (did) (did nat) view the bady after death.	control and the date and had and half the
A P D S F	22b. SIGNATURE	22c. DATE SIGNED
OR be red weed weed w	Respect Agales was DEGREE PHYS. ATTENDING DIRECTOR D	STAFF PHYS. D 3.22.69
File Signature	22d. PHYSICIAN'S Q10 & O 22e. ADDRESS	PHIS. 13 5.00.07
RA PIT	NAME (Type)	== M D
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: director, page 3 shauld shauld be filed with the		
EU FU		N (City ar Town) (County) (State)
5 5 5 s	CRIME 15-25-69 31 LANGENCE CEM CHIEF	PLESTON, S.CAR
VR A35 (4)	A FUNERAL DIRECTOR ADDRESS ADDRESS LAUREL 3 250. APPRY REGISTRANS	25b. REGISTRAR'S SIGNATURE
VR A15 (4) 45M · 1/69	DONALDSON FUNERALHOME LAUREL D. DATE	The state of the s



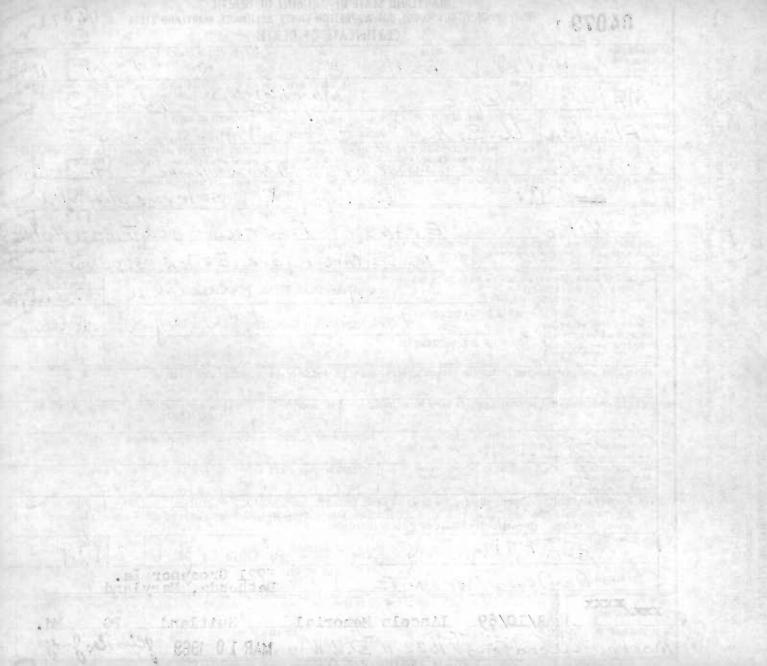
A CONTRACT OF THE PARTY OF THE

MAKTLAND STATE DEPAKEMENT OF HEALTH

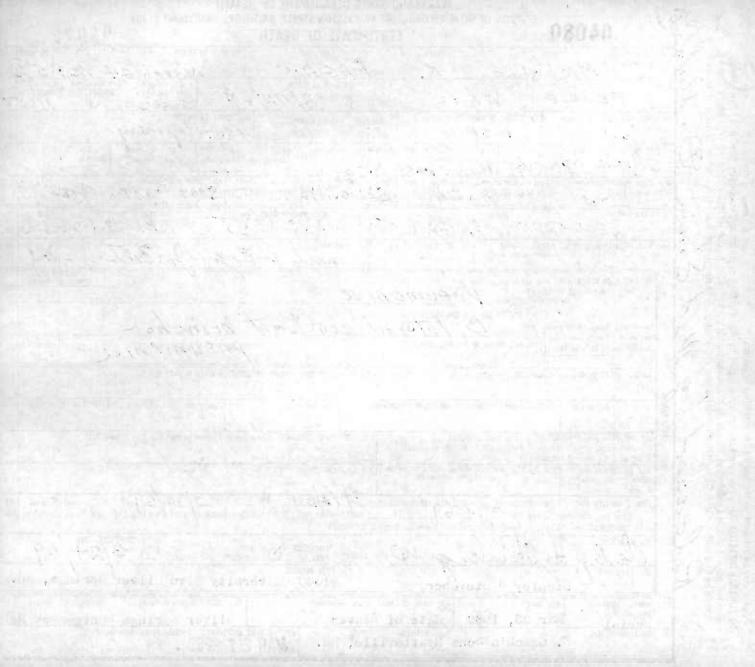
1		04079 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04071
		CERTIFICATE OF DEATH
deoth. nerol ond 2 death.		ECEASED-NAME First , Middle Lost 20. DATE OF DEATH 2b. HOUR WILLIAM HULL EVANS 3 Month 4 Day 6 Gear 1153 M
nours after deoth	3. SI	4. RACE 5. DATE OF BIRTH 611923 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HBS MArch 611923 lost birthday) MONTHS DAYS HOURS MIN
	7a.	DISTURBLACE (Code or forming The CITYTEN OF THEIR COUNTRIES IN
d d bear	coul	Florida U.S. A. WIDOWED DIVORCED Montgomeny
xecuted within 2, completely filled move corbon pdp ny event, within /	10. (11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
ed w		USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
e execution of the complete of		Washington 15 In Vind Street, NW
be executed v	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Willie EVANS Bydea Beatrice Holmes
th certificate be exe bing physicate and c Then please remover	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Washington, or unknown) (If yes give wor or dates of service) 578-182-503 Mrs. By dea Estick 360310 St. N. W. Do
cert ng pl Ther		18 CAUSE OF DEATH (Enter only one couse per line for (a) (b) and (c))
ne death cer ottending p permit. The		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PRIVED ORSET AND DEATH APPROXIMATION PRIVED ORSET AND DEATH PRIVED ORSET AND DEATH APPROXIMATION PRIVED ORSET AND DEATH APPROXIMATION PRIVED ORSET AND DEATH PRI
that the dea ion, by the ottenc transit permit cremation, or		Conditions, if only, which gove) DUE TO, OR AS A CONSEQUENCE OF COLORS TURE of Free tongue (Fuet
quires that the physicion, signed by the buriol-transit buriol, cremat		rise to immediate couse (a), (b) DUE TO, OR AS A CONSEQUENCE OF
equires the physicion, signed by buriol-tran		lost. (c)
v requing phing ph	N	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)
AN: The low requires the of or ottending physicion, icate hos been signed by for use os the buriol-tran Health prior to buriol, cre	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH?
or or use after	MEDICAL CER	21c. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor P.M. 19
OR ATTENDING PHYSICIA be retained by the hospital DIRECTOR: After this certific le 3 should be detached fo ed with the State Dept. of H	ME	21d. INJURY OCCURRED While Not while of work 21d. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
by the free differ diff		22a. I certify that (1) (this haspitel) attended the deceased from 2 2b 1901, ta 3 3 1901, that (1) two last
R: A wild		saw the deceased alive an
retai retai 3 sho with		22b. SIGNATURES STAFF 220, DATE SHOPED OF STAFF 220, DATE SHOPED OF
NL ON V be V be On V b		DEGREE PHYS. DIRECTOR LI PHYS. LI DIVIDI
TO HOSPITAL OR ATTENI Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) Dr. DAvid Morowitz 22e. ADDRESS 5721 Grosenor Ia. Bethesda, Maryland
FUN FUN Shoul	23a.	BURIAL CAROLOGY 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
W		FUNERAL DIRECTOR (GERECO ADDRESS) FUNERAL DIRECTOR (GERECO BY REGISTRAR 256. REGISTRAR'S SIGNATURE)
VR A15 45M - 1/09	N	lorrow+ Wood ford 1622 11 st. N.W DATE MAR 10 1969 Schooles Judge

 $M \wedge V$

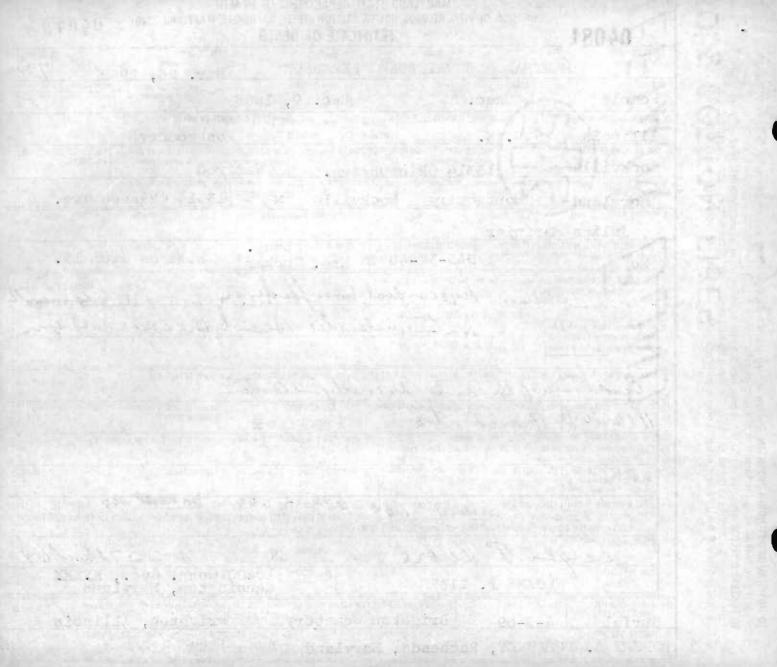
VIAND SIAIL DEDADIMENT DE



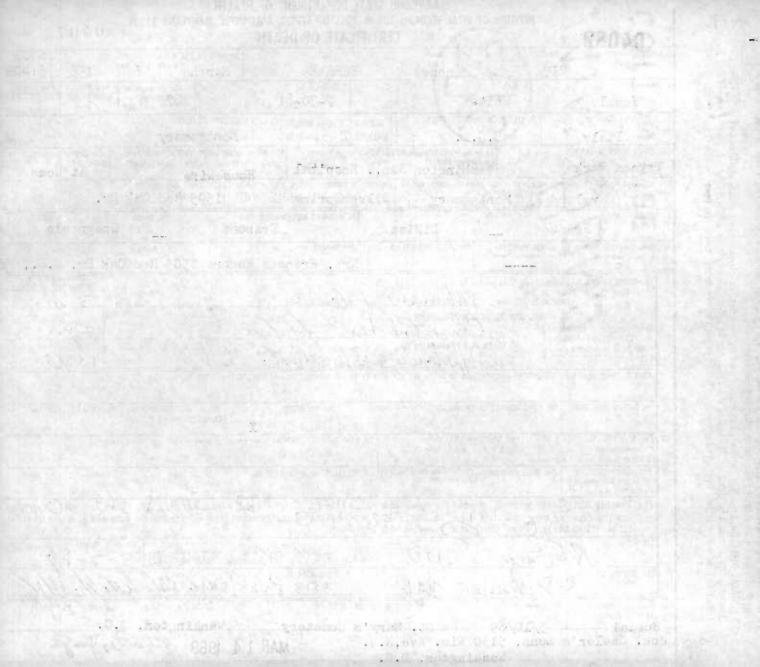
0	. 91					IAIE DEPARIMENT			
-	1,00	2	01000	DIVISION OF VITAL		W. PRESTON STREET		ARYLAND 21201	0.4.0.00
	. 1/4		04080		CER	TIFICATE OF DE	ATH		04072
	MEIN	1. DE	CEASED-NAME First		Middle	Lost	2o. DATE (2b. HOUR
	de at de at	/(1	ype or print) Miche	=115	*	FAGAN		MARAL 29	4 1969 505 M
	5 101	3. SE		4. RACE	71	5. DATE OF BIRTH	1 -		IF UNDER 1 YEAR IF UNDER 24 HRS.
	ors after by the urs after urs after	0. 50	FEMALE	Whit	6	2/1	7/69	6. AGE (In years last birthday)	ADNTHS DAYS HOURS MIN
	hours aft n by the s. Pages hours af	70 8	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COL		ALDRIED TO MENTED MADRIED	9. COUNTY C		/ / / / / / / / / / / / / / / / / / / /
	hou hou hou	can.		U. 5A.	, ,	MARRIED NEVER MARRIED		, tgomery	м.
	in 24 ho popers. hin 72 ho	10.0	ITY OR TOWN OF DEATH					N (Kind of work done	12b, KIND OF BUSINESS OR
	within bon p within	3	Silver Spri	ng give street or	ddress)	Hosp.	during most of warkin	g life, even if retired.)	INDUSTRY
	ecuted within 24 ho completely filled in rove carbon popers. If yevent, within 72 h		USUAL RESIDENCE (Where deceose ssion) STATE	d liver, if institution: Re-	idence before 13c.			STREET AND NUMBER 1002 Praple	e are
	and com remove in ony ev	14. [ATHER'S NAME First LEONARI	Middle Wa ZA	FAN J	R IS. MOTHER'S MAIDEN	NAME First	Middle	RUSSELL
	icote lisicion sicion please		WAS DECEASED EVER IN U.S. ARMI	/ / / ·	OCIAL SECURITY NO.	17. INFORMANT Leonard	er Faga	Address Pell	tarlle met
	ling phy		10 CANCE OF PEATH (F-4	1: - 5 -	(-) (1) (-)		-	0	APPROXIMATE INTERVAL
	ing ling		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	RY.		nia			BETWEEN DASET AND DEATH
	lear mit		110 E MMEDIA	TE CAUSE (a)	eumoi	11 ac			
	of of our	1	400 X	DUE TO, OR AS A CO		10.01	76	/	
	# # # # # # # # # # # # # # # # # # #		Conditions, if any, which gave rise to immediate cause (a),	(b) 1)	latera	1/ Con//4	ent bri	incho -	
	physicion. physicion. signed by the otten. burial-transit permit burial, cremation, or		stoting the underlying cause	DUE TO, OR AS A CO	INSEQUENCE OF		Pne	umohic	7
	res sici		last.	(c)			/		
	phy phy sign sign buring with the phy		PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO	O DEATH BUT NOT R	ELATED TO THE TERMINAL DIS	EASE OR CONDITION GI	VEN IN PART 1(a)	
	ding een the the	¥							
	attending has been se as the rip prior to	ATE	190. DATE OF OPERATION 19b. 0	ONDITION FOR WHICH OP	ERATION WAS PERFOR	RMED 20a. AUTOPSY?		IF YES, WERE FINDINGS CO SES OF DEATH?	INSIDERED IN CERTIFYING
	The atterned to the polith p	CERTIFICATION				YES	NO 🗌		
	L OR ATTENDING PHYSICIAN: The be retained by the hospital or at DIRECTOR: After this certificate has 3 should be detached for use lied with the State Dept. of Health		210. ACCIDENT WAS UNDERLYING			21c. HOW INJURY OCCURR	ED (Enter noture of in	jury in Part 1 or Port 2, 11	rem 18.)
	A E E E E	MEDICAL	DR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Man	oth Day Year	Drive Salve Sa			
	YSI losp cer chec pt. c	ME	21d INITIRY OCCURRED 21e	PLACE OF INJURY (AT HOM	ME, FARM, STREET, FACTORY, BUILDING, ETC.	21f. LOCATION Street ar	R.F.D. No. C	ty or Town	Caunty State
	His his begon		While Not while at wark at work			-1/1		1 1	
	No te da te		22a. I certify that (I) (thi saw the deceased al	s hospital) aftended	the deceosed f	rom 3 13/69	_, 19, to_	3/24/69 19	, that (1) (we) las
	d Afr d Afr d S S S S S S S S S S S S S S S S S S		saw the deceased al	ive on 3/24/	69 19	, ond that in (m/) (our) opinion deot	n occurred on the dot	e ond hour ond from the
	He Se F		causes stated above	, (I) (we) (pid) (did n	ot) view the bad	ly atter death.		Las	- Tricious
	RECT Sah and with	1	22b. STANATURE	AL. C	40	ATTENDING	MED. DIRECTOR	STAFF C	ATE/SIGNED
	ed See Se		Starley H.	Deuller	a.	11113.	V DIRECTOR	J PHYS. LJ	121/01
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physicion. To FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the buriol-trop should be filed with the State Dept. of Health prior to burial, are		22d. PHYSICIAN'S NAME (Type) Stan	ley II Steir	iberg	22e. ADDRESS 1040 U	niversity	Blvd Silver	Springs, Md.
	Je 4	230	BURIAL, CREMATION, 23b. [ATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d. LOCA	TION (City or Town)	(County) (Stote)
	Pog dir		REMOVAL (Specify) Mar	25, 1969	Gate of	Heaven	Sil	ver Springs	Montgomery Md
	- L	24.	CHNICOAL DIDECTOR		ADDRESS	250	. REC'D BY REGISTRAR	2Sb. REGISTRAR'S	
	30M REV. 1388		r. G	asch's Sons	nyattsv:	lile, Ma.	MAR 2 7 19	169 Thomas	By Gredge.



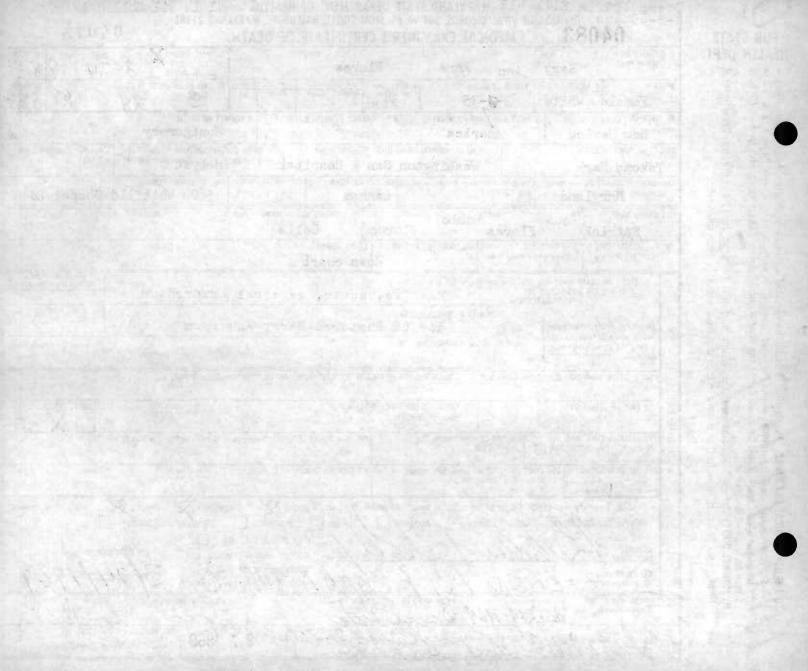
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04073 04081 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR haurs after death (Type or print) Month MARTHA HENRIETTA FERGUSON 3 SEX 4 RACE S. DATE OF BIRTH within 24 haurs after 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Female MONTHS I Cauc. Dec. 9, 1885 DAYS HOURS 83 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH country) Illinois lease remave carban papers. and in any event, within 72 h U. S. WIDOWED X DIVORCED | Montgomery filled i 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress)
13314 Okinawa and campletely fi during most of working life, even if retired.) INDUSTRY Rockville 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before executed 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Montgomery YES-13314 Okinawa Ave. Meryland 14. FATHER'S NAME Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost pe Julius Marinier please ertificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Daug. Address Yes, no, or unknown) (If yes give war or dates of service) Same as Item 13. burial, crematian, ar remaval, 545-38-4080A Tucker APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o signed by the burial-transit p Conditions, if ony, which gove rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) the TO FUNERAL DIRECTOR: After this certificate has been Health priar ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital ar attendin 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 190. DATE OF OPERATION 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? far use YES -NO S 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Dov detached for the Dept. af H (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, EACTORY,) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Not while 22a. I certify that (I) (this haspital) attended the deceased from 6 Hours, 1964, to 20 Mary, 1964, that (I) (we) last sow the deceased olive on 20 Mary, 1964, and thot in (my) (pur) opinion death occurred on the date and hour and from the directar, page 3 shauld should be filed with the causes stated above, (1) (we) (did) (did not) view the body after death 22b. SIGNATURE 22c. DATE SIGNED ATTENDING STAFF PHYS. DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS 10400 Conn. Ave. MXXXX NAME (Type) EUGENE P. LIBRE Kensington. Maryland 23c. NAME DF CEMETERY OR CREMATORY 23b. DATE 23d. LOCATION (City or Town) 23o. BURIAL CREMATION (County) (Stote) REMOVAL (Specify) Brighton Cemetery 4-3-69 Brighton, Illinois ADDRESS 250. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE VR A15 (4) 45M · 1/69 Villaneza PUMPHREY, Bethesda, Maryland DATE



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04074 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle Lost 20. DATE OF DEATH 2b. HOUR 24 hours after death (Type ar print) 6 Doy VITA FERRARA none March 6:40 R 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS. 7-30-81 White log pirthday) HOURS Female 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH .⊑ U.S.A. Montgomery Italy WIDOWED A DIVORCED completely filled 10. CITY OR TOWN OF DEATH low requires that the death certificate be executed within 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12o. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR washington San.& Hospital during mast af working life, even if retired.) Takoma Park Home Housewi fe 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE aryland 13b. Founty leose renpove SilverSpringYES 1505 Red Oak Dr. and in ony 14. FATHER'S NAME First puo Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Frank DiMisa Spagnuolo Frances 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no, or unknown) (If yes give war or dates of service) buriol, crematian, or removol, Mrs. Frances Rogers 1505 Red Oak Dr. S.S., Mc APPROXIMATE INTERVAL 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Wimanach signed by the buriol-transit Canditions, if any, which gave) rise to immediate couse (o), DUE TO, OR AS, A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) for use os me u f Health prior to b has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING OR ATTENDING PHYSICIAN: The CAUSES OF DEATH? YES 🗀 NO T TO FUNERAL DIRECTOR: After this certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 23c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) by the hospitol OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year be detached for State Dept. of H (If either, natify medical exominer) 21d. INJURY OCCURRED (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY City or Town County State While Not while at work retained directar, page 3 should should be filed with the causes stoted above, (1) (we) (did) (did nat) view the body ofter death. 22b. SIGNATURE ATTENDING DEGREE PHYS DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 2513 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE 23d. LOCATION (City or Town) REMOVAL (Specify) Mary's Cemetery Washington, D.C. 256. RECD BY REGISTRAR 24 June at Dreder's Sons, 5130 Wis. Ave, N.W. 1969 Washington, D.C.



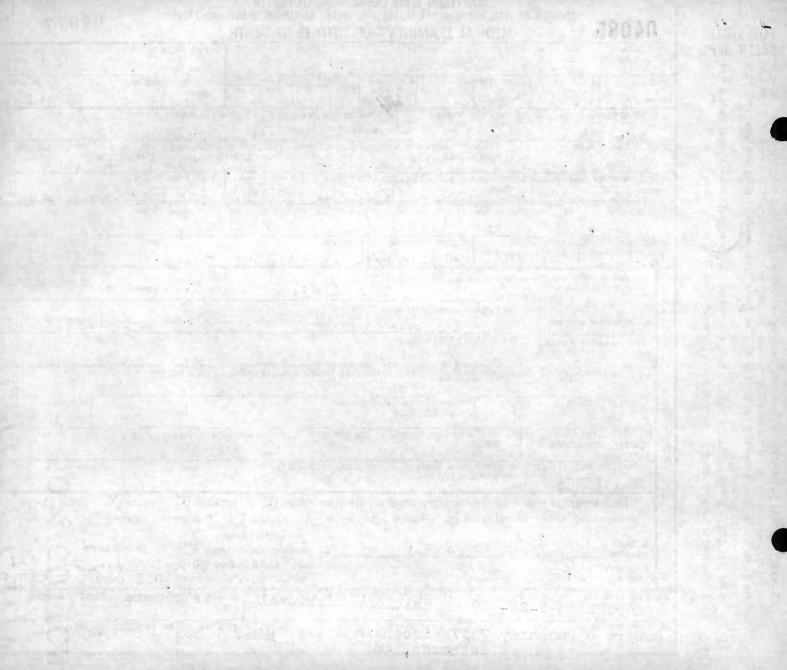
2/1 X	Items 18&22a Film 411 MARYLAND STATE DEPARTMENT OF HEALTHITEMS1&14 FilmG411 4/1	L7/69kk
FOR STATE	04083 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 040	75
HEALTH DEPT.	1. DECEASED-NAME (Type or Print) First Middle Lost 20. DATE KNOWN Month Doy OF ESTI- DEATH MATED 3-24	Year 2b. HOUR
y delay , and 3 P.M.S. Po	3 SEY A PACE C DATE OF DIDTH A AGE TO WARR IF UNDER 1 YEAR IF UNDER 24 HRS 12, DATE DECOMPOSITION DEAD	or 69 2d. Hour
2	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY) New Mexico Montgomery	Mc
hours after death Item 18. Give Pages 1, Office olong with form Land 2 with the State De after deoth.	Takoma Park give Washington San & Hospital during most of Andrew Steven if refired.) INDUSTR	ND OF BUSINESS OR RY
18. Give olong 2 with deoth.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) MATryland 13b. COUNTY Lanham 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 5608 Whitfild Ch	apel Rd
24 hours r's Office es Yand 2	14. FATHER'S NAME First Middle Pablo Lost 15. MOTHER'S MAIDEN NAME First Middle Patrick/ Flores Delia	Last
I within 24 n pencil in Exominer's Exominer's File pages 72 hours	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, na, ar unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Hosp chart	
be executed "pending" in nief Medicol E onsit permit. F event within	1B. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if only, which gave rise to immediate cause (a), stoting the underlying couse lost. (b) DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL TWEEN ONSET AND OEATH
This certificate should icate, writing the word be forwarded to the Cl be used as a buriol-trans removal, and in any	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	O. AUTOPSY?
id to a be	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	YES NO 🗆
INER: le certif should files. 3 shoul	PRIMARY OR CONTRIBUTING HOUR A.M. AUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, foctary, office building, etc.) WHILE AT WORK AT WO	ty Stote
necessory, please execute the the funeral director. Page 4 5 may be retained for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem		1969
VR A15ME (5) 10M REV. 1/68	24 FUNERAL DIRECTION SOLVEN STATE OF THE PROPERTY OF THE PROPE	Alexano.
U		*



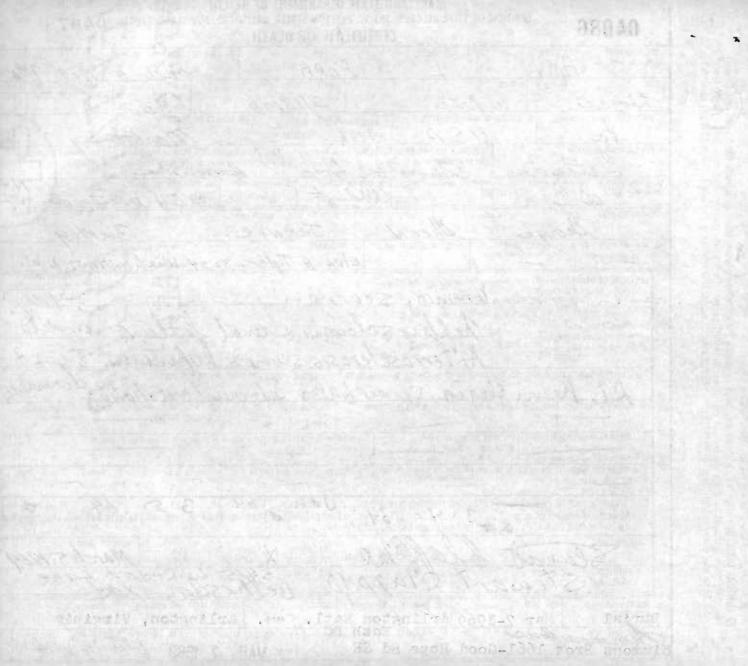
	1				AKIMENI OF HEAD		
		04084	DIVISION OF VITAL RECORDS,			RE, MARYLAND 21201	
					OF DEATH		04076
		DECEASED-NAME First Type or print)	Middle		ost 20	. DATE OF DEATH Month Death	2b. HOUR
		WOROThy	H.	5/4	ienl	MARCH 3	
	3. 5	E	4. RACE	S. DA	TE OF BIRTH	6. AGE (In years lost birthdoy)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
	1	remale	WhiTe		April 3, 18	70 YRS	. 11 2
		ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NE	TEK IMAKKED	UNTY OF DEATH	
	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS	WIDOWED	DIVORCED 7	UPATION (Kind of work done	Mc
1	10.	ilver Spring	give street oddress)		during most of	working life, even if retired.)	
0	130	USUAL RESIDENCE (Where deceoses	d lived, if institution: Residence before	13c CITY OF TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	ockville. Md.
5	odn	nission) STATE MARIJAND	13b. COUNTY MONTGERERY	Rockville	YES NO	4710 Kempee	STREET, IN.
5	14.	FATHER'S NAME First	Middle Last		HER'S MAIDEN NAME First	Middle	Lost
		Walter	Hall		A	nnie	Hall
	160	. WAS DECEASED EVER IN U.S. ARME Yes, no, or inknown) (If yes give wee	or dates of conice)			4710 Address	per Street,
		יסמיים	004-186-6	299 Mr.	Roger E. Buc	elin Pochvilli	Maruland
		18. CAUSE OF DEATH (Enter only PART 1. DEATH WAS CAUSED	one couse per line for (o), (b), ond (c).)	-	00	1	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
			E CAUSE (0) Mysein	ephin	~ with	externi	
		1870	DUE TO, OR AS A CONSEQUENCE OF	, is	00 01		
		Conditions, if ony, which gove isse to immediate cause (a),	(b)	no k	what H-	c/un-	
		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF				THE STATE OF STREET
			OITIONS CONTRIBUTING TO DEATH BUT NO	T DELATED TO THE	TERMINAL DISEASE OF CONDIT	TON CIVEN IN PART 1/01	
		TAKT 2. OTTEK STORT CART CORD	THORS CONTRIBOTING TO BERTH BUT NO	A KELATED TO THE	TERMINAL DISEASE OF CONDI	TON GIVEN IN TAKT I(0)	
	CERTIFICATION	190. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PER	FORMED 20	Oo. AUTOPSY?	20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
	IFIC				YES NO	CAUSES OF DEATH?	
		210. ACCIDENT WAS UNDERLYING		21c. HOW IN		re of injury in Port 1 or Port 2	, Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH					
	ME		LACE OF INJURY (AT HOME, FARM, STREET, FACT	ORY.) 21f. LOCATION	N Street or R.F.D. No.	City or Town	County Stote
		of work at work		3	LE ENON	2	
		22o. I certify that (1) (this	hospitol) ottended the decease ve on 3 - 3	d fram	, 1966	to 3 - 5, 1	9 <u>67</u> , that (I) (we) las
		saw the deceased alt	(I) (we) (did not) view the b	ody ofter death	t in (my) (our) opinian i.	death occurred an the d	ote and hour and from the
		22b. SIGNATURE				220	. DATE SIGNED
1		18	Cul		ATTENDING MED. PHYS. DIRECTO	OR STAFF	3-4-69
	1	22d. PHYSICIAN'S NAME (Type) Gilber	t B. Cushner		22e. ADDRESS	ampshire Ave.	Silvar Spring
							100
	230	. BURIAL, CREMATION, 23b. DA		emetery or cremi	AIORY 23d	LOCATION (City or Town) Ladensburg, Mc	(County) (Stote)
)	24/	FUNERAL DIRECTOR arter C		gia Ayen			
	1	arner E. Pumphru	ey, Inc. Siber Sor	ing. Md.	DATE MAR 1		when Judge

TATO TO STEVEN		39030
	A STATE OF THE STA	A VISION OF THE STATE OF
	Mary 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
AND THE PROPERTY OF THE PROPER	CONCERN LAW SERVICE	

MAKYLAND STATE DEPAKIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04077 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 20. DATE KNOWN HEALTH DEPT. 1. DECEASED-NAME First Middle Month 2b. HOUR (Type or Print) OF ESTI-Poge 10 AM of JOHN BES DEATH MATED IF UNDER 24 HRS 3. SEX 4. RACE AGE (In years 5. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3. MALE WHITE the Stote Depart 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH form 24 hours ofter death in Item 18. Give Poges 1, WIDOWED [DIVORCED [11. 5A MONTGO MERV 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 128 KIND OF BUSINESS OR olang with give street oddress) during most of working life, even if retired.) INDUSTRY NGINEER with 13d. INSIDE CITY LIMITS? / 13e. STREET AND NUMBER 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13b. COUNTY BRADLEY Office CV ofter puo Tego 14. FATHER'S NAME First 1S. MOTHER'S MAIDEN NAME Middle FORBES od within in peficil i ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT **ADDRESS** (Yes, no, ar unknown) (as above File 180-12-8174 WIFE NAVU 11100 APPROXIMATE INTERVAL within This certificate should be executed 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: pending Myocardiel IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF cronsiy. Arterio Solerosis_ 40015 Conditions, if only, which gave rise to immediate cause (a). the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES DO NO [pe 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) 0 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M. buriol, cremotion, CAUSE OF DEATH PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) may be retained far your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK please execute Inquiry X 22a. I certify that I took charge of the remains described above, held an Autopsy XI, Inspection X ond in my apinion Natural causes 💢 Accident | Suicide [death resulted fram: Homicide [Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** Heolth John G Ball ADDRESS(Street, city, town, or county) NAME (Type) the 0 23c. NAME OF CEMETERY DR CREMATORY ional 23a. BURIAL, CREMATION, 23b. DATE MaryLand 3-25-69 24. FUNERAL DIRECTOR Pumphrey 7557 Wisconsin Ave VR A15ME Bethesda, Md 10M REV. 1/68



	MARYLAND STATE DEPARTMENT OF HEALTH		
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04078		
	CERTIFICATE OF DEATH		
4 2 ·	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR		
era and teat	(Type or print) FIM V Seor 730 N		
er c	3. SEX 4 RACE S DATE OF RIPTH A AGE IID MOORS IF INDICE 24 MICE		
at / e c t	7 D (ast bigghday) Morries Days Hours Min		
ZE ST			
To Be	country) 1/		
24 i ed i 772			
fille pa	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b, KIND OF BUSINESS OR		
N wiith	Alther der Greenward form Housen it eller et in Mousier		
ed v	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN) 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER		
cct es	admission) STATE OF 136. COUNTY Challengton YES NO 3254 (1) or then star of the		
d co	14. FATHER'S NAME Eirst Middle Last IS MOTHER'S MAIDEN NAME First Middle Last		
S in c	S. SET A. RACE John Committed Jo		
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 0 44 17 8 CERTIFICATE OF DEATH Details of Death Doy Programme Doy Pr		
y sic			
4 50			
ing TH	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH ACTORDATE BETWEEN ONSET AND DEATH		
eat end mit.	IMMEDIATE CAUSE (a) Uremia, Severe 2-4 days		
att att oon,			
t the			
tha sn. by ran.			
es sicio ed al-tr			
ohy urign urign	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)		
rec in s in s in b	1 + hour thought the Contract to dermants		
law bee	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY2 206 IF YES WERE FINDINGS CONSIDERED IN CERTIFYING		
he a a b b b b b b b b b b b b b b b b b	YES NO CAUSES OF DEATH?		
at at a state	21g ACCIDENT WAS UNDERLYING 121h TIME OF INNIBY 121c HOW INNIBRY OCCURRED (States polyto of injury in Part 2 from 18)		
fica for He	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month, Day Year		
SIC spill sp	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH AMAGE First Middle Lost		
ha ha ach ept	While Not while 1216. PLACE OF INJURY (ALHOME, FAKING, SIREEL, FACIORY.) 21t. LOCATION Street or R.F.D. No. City or Town County State		
the det	dr work of work		
by State	22a. I certify that (1) (this hospital) attended the deceased fram Jaki 1969, ta 3.5, 1969, that (1) (69) lost		
ed ed he he	sow the deceased olive on the date and hour and from the		
the part of the pa			
Wish Te	DAN A PROPER ATTENDING MED. STAFF MACAGE STONELLY		
o logo			
Mal y			
NE P	Beinesda Md.		
HC Bage irec			
54 5 b	1161 / 1707		
VR A15 (4)	(N. m. m. m.)		
45M - 1/69	Simpons Bros 1661-Good Hope Rd SE DATE MAR 7 1969 Curries July		



MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04079 CERTIFICATE OF DEATH DECEASEO-NAME First Middle Last 2a. DATE OF OEATH 2b. HOUR (Type or print) EDWARD JACKSON FOX Month 8:55AM 4. RACE 3. SEX S. DATE OF BIRTH 6. AGE (In years Within 24 haurs after IF UNDER 1 YEAR IF UNDER 24 HRS. White 8-31-95 last birthday) signed by the attending physician and completely filled in by the burial-transit permit. Then please remave carbon papers. Page burial, crematian, ar remaval, and in any event, within 72 hours af Male filled in by t 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country)Virginia U.S.A. WIDOWED [DIVORCED [7] Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of wark dane 12b. KINO OF BUSINESS OR INDUSTRY DEPT. during most of working life, even if retired.)

Retired Chemist give street address) Washington San. & Hospital Takoma Park

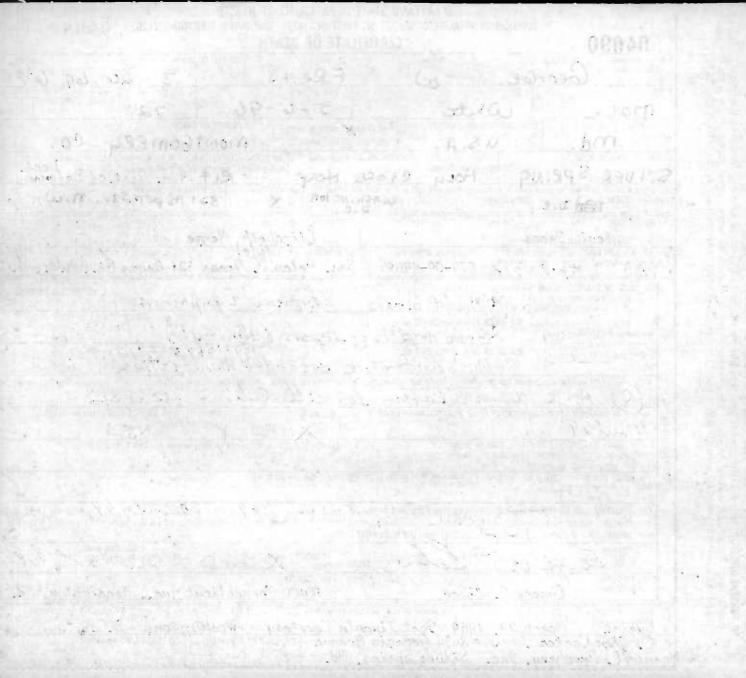
13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE Indmission) STATE and 13b. COUNTY ontgomery Silver Springs A Takoma Park Hariculture executed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 112 Revere Place NO T 14. FATHER'S NAME Middle First Lost 15. MOTHER'S MAIDEN NAME First Middle Last Mary Ellen Digges requires that the death certificate be William Pierce Fox 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no, ar unknawn) ers. Grace Fox 112 Revere Pl., S.S., Md. APPROXIMATE INTERVAL 18. CAUSE OF OEATH (Enter only one couse per line far (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY AS A CONSEQUENCE OF arterioscleristic Heart Disease Canditions, if any, which gave rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health prior ta TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the haspital ar attendin 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 NO X 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Oay Year (If either, natify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while at wark 220. I certify that (1) (this hospital) attended the deceased from 30 t, 19 54, to march 15, 19 69, that (1) (well lost saw the deceased alive an march 14,1964, and that in (my) (our) opinion death occurred an the date and hour and from the causes stated abave, (1) (we) (did) (did not) view the body ofter death. 22b. SIGNATURE ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) USSC 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) Bladensburg, 3t. Lincoln 1969 25a. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Pumphrey Inc. 8434 Ga. Milianlas Judge

	of to artening		T8040 -
	9-07-8		
State of Comme		2 me 5 m ; (1 m	Yes acol.
	on the manager	THE REPLETOR STATES	Andrew Spirit
		eri ceri	
 Par 112 Bevoor	840.50	TO THE PARTY OF TH	
	The second		
danalini	al open		

						880.88
					drawall	
	Later of tree.	assessing.				
	Tour sand					nintal
	A Later Comments		Lettere			
	meant of the	ni.		Rolling	al al	
ings.					An elli	
		ab to build to				
			\$	de anti-		
	Carlotter and			e e		
	Marie America			and man	T. Chap	ALC:
		.5	d inggat	dasi	C. Jeoria	

-1-5	1			ID STATE DEPARTMENT OF H		
		04089		301 W. PRESTON STREET, BALTIA	MORE, MARYLAND 21201	04081
		04009		CERTIFICATE OF DEATH		04001
€ 2€ 0			irst Middle	Lost	2a. DATE OF DEATH	2b. HOUR
de de de	1	ype or print)	ARDATH 6	· FRANTZ	3 Month 23 Doy	Yeor 69 622 M
声【好声	3. S	Х	4. RACE	5. DATE OF BIRTH	6. AGE (In years	IE UNDER 1 YEAR IF UNDER 24 HRS.
y te Page	1	F	W	SEPT 10 18 8		MONTHS DAYS HOURS MIN
haurs in by the rs. Page 2 hours	70.	RTHPLACE (State of foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIEDNEVER MARRIED	COUNTY OF DEATH	,
filled in 721 hin 721	1	ayard fact &	ay. USA	WIDOWED DIVORCED	MONTGOMER	Md.
ed within 24 h pletely filled in carban papers.	10.	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:	STITUTION (If not in haspital 12a. USUAL	OCCOPATION (Kind of wark done / warking life, even if retired.)	176) KIND OF BUSINESS OR
with with the pan the		SILVER SPRIK	JO / SVILLAN N	THUOK HOME !	deregninell	Larel 0
executed within 24 haurs after death a completely filled in by the free almaye carban papers. Page Hand any event, within 72 hours after death	13a. adm	USUAL RESIDENCE (Where des	ceased liked, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE ON JAM	TOO. STREET THO HOUSE	plain st.
execut and compressions of any even	14.	ATHER'S NAME First	Myddle Lost	15. MOTHER'S MAIDEN NAME Fir	st / Middle	Lost
(o o = c)		16.	M. Calas.			Hank).
ficate by siciant please	16a	WAS DECEASED EVER IN U.S. es, na, or unknown) (If yes g	ARMED FORCES? 16b. SOCIAL SECURITY I	NO. 17. INFORMANT		A A
equires that the death certific physician. signed by the attending physburial-transit permit. Then phyrial, crematian, or remaval,		es, na, or unknown) (If yes g	ove wor or dates of service)	FRANK FRANTZ	1512-LAddress	AR LIK MA
ne death certifi attending phy permit. Then ian, or remayal		18. CAUSE OF DEATH (Enter	only one cause per line for (a), (b), and (c)		CHARA	APPROXIMATE INTERVAL
f ip i s		PART I. DEATH WAS CA	r only one cause per line for (a), (b), and (c). USED BY: EDIATE CAUSE (o)	CEREBROVASCULAR	ACCIDENT	BETWEEN ONSET AND OEATH
attendi permit.		4367	DUE TO, OR AS A CONSEQUENCE OF	cerepicy office of the	11010401	1.111
the ortio		Canditians, if ony, which go	ve)	ARTERIOSOLERO	ncic	7.50 CT 95-15 Ed.
hat hat ans em	1	rise to immediate couse (a stating the underlying cau		THE CICIOSOVEICE	/3/3	
equires that the physician. Signed by the burial-transit burial, cremat	1	last.	(1)			
phys igne urio		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE OR CO	NOTION GIVEN IN PART 1(a)	
The law requires that the death certificate attending physician. has been signed by the attending physicial se as the burial-transit permit. Then pleas the purial crematian, or remayal, and the control of the control	N		NOUE	THE TENNINE DISEASE OF CO	TOTAL TOTAL TOTAL	
The law ratending attending has been see as the h priar ta	CERTIFICATION	19a. DATE OF OPERATION 1	9b. CONDITION FOR WHICH OPERATION WAS PE	RFORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The aff	TIFIC			YES NO	CAUSES OF DEATH?	
IAN: ral ar ficate far u Heal		21 a. ACCIDENT WAS UNDERL	DEATH HOUR A.M. Month Day Year		nature of injury in Part 1 or Part 2, It	em 18.)
SSPi sspi	MEDICAL	(If either, notify medical exc			**************************************	
Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. of Health priar to		at wark at wark	PIE. PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.		City ar Town	County State
by the start of		22o. I certify that (I)	(this hospitol) attended the deceose	ed fram 8/5 , 19 6	3, to 3/23, 191	64, that (I) (we) last
OR ATTEND De retained DIRECTOR: A shauld ed with the S		saw the deceased causes stated obc	l alive on	9 64_, ond that in (my) (our) opin body after death.	ion death occurred on the dat	e ond haur and from the
ECT PA		22b. SIGNATURE	ly to	ATTENDING ME	22c. D.	ATE SIGNED
OR be r DIRE gge 3 led w		Ac	engles tout the	DEGREE PHYS. DIR	D. STAFF PHYS. 3	123/69
AL AL Page Page File		22d. PHYSICIAN'S NAME (Type)	LANDU LACT	22e. ADDRESS	D = 1 1 1 T (
A n A n A n A t n A t a r A t			11-101cy W.>10	160116	EDRGIA AVE	SILVERS PRINGLO
O HOSPITAL Page 4 may O FUNERAL I director, pag should be fill	23a:	BURIAL CREMATION, 23	Bb. DATE 21 KI Q 236- NAME OF	CEMPTERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 s	04	Vm / /	Je 10 1907 Dange	pround bounde	ry Junellow	Touter but la
VR A15 (4) 45M - 1/69	14	DIRECTOR SI	What 200 GADDRESS	DIC ALCO MAR 2	PEDISTRAP S 2Sby REBISTRAR'S	IGNA URE
45M - 1/64	1	A	35000	self NO DATE IN &	- //	0 0

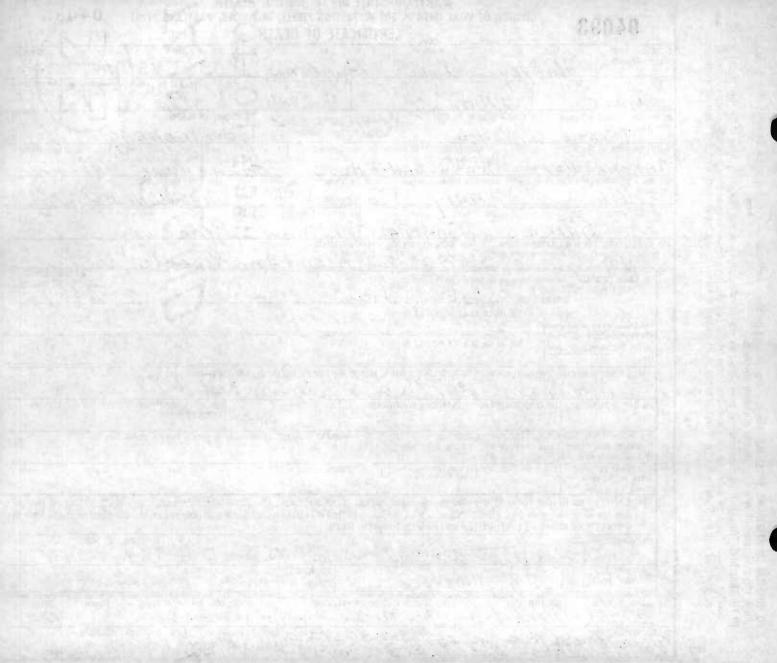
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04082CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 2a. DATE OF DEATH and completely filled in by the funeral remave carban papers. Pages 1 and 2 in onv event within 72 hours after death be executed within 24 haurs after death (Type ar print) ocor66 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER I YEAR 6. AGE (In years last birthday) male 7a. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED mont 60m ERC WIDOWED DIVORCED | 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done during mast of working life, even if retired.) give street address) 13e. STREET AND NUMBER ST. 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN WASHINGTON 13b. COUNTY YES NO In any 14. FATHER'S NAME Middle Last IS. MOTHER'S MAIDEN NAME First Middle Elizabeth. Menze and erthreate 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, ng_or unknown) 579-09-4905A Mrs. Helen O. Greas 321 Aspen St., N.W. cremotion, or remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE DUE COLOR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been detached far use as the te Dept. af Health priar to 19a. DATE OF OPERATION 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Manth Day (If either, natify medical examiner) directar, page 3 shauld be detache should be filed with the State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town State County While Not while 22a. I certify that (I) (this hospital) attended the deceased from 18 20, 1969, to 20 Hassel, 1969, that (I) (we) lost saw the deceased alive an 3 ce March 1969, and that in (my) (sur) opinion death accurred on the date and hour and from the causes stoted abave, (1) (we) (did not) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 10400 Connecticut Ave. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23a. BURIAL, CREMATION (County) (State) Port Lincoln Cemetery Washington 250 REC'D BY REGISTRAR nost, 8434 ADBBraia Hvenue 25b. REGISTRAR'S SIGNATURE Pumphrey. Inc. Silver Spring. Md.



			04091
	FRatevol		Awarit Li
1 27		6	
yssa	op Ira?	e dol oli al	seconda por A
	siivis Oil		
	or sl		
	12ano .c 882, 13		
		• oury Jili	
	l ci c	 	1 = 1 = 1

	1								
2		02.000	DIVISION O	F VITAL RECORDS, 3	DI W. PRESTON S	TREET, BALTIMOR	RE, MARYLAND 2120	1 01.00	
	10	0403%		CE	RTIFICATE OI	F DEATH		0408	4
÷ _2÷			st	Middle	Lost	20.	DATE OF DEATH		2b. HOUR
ero	(ype ar print) LAB	ON	No minnie	FULT	(14)	Month	Doy Year	205
fun 1 er d	3. 5		4. RACE	11101100)			A AGE (In years	J 69	IF UNDER 24 HRS.
of the aft		MME		11-75	- /	11/10	last birthday)	MONTHS DAYS	HOURS MIN.
S 24 3	70					- UP		YRS.	
S F 5€	COU	ntry)				AKKIED	UNIT OF DEATH		
ed append	10						1101190	merel	Md.
within bon p within	P.	ENTESDA	give	street address) GROS	UENOR CAN	during mast of	Warking life, ever if retire	one 12b. KMO OF 8 ed.) INDVSTRY	BUSINESS OR
ed cor cor	13a.	USUAL RESIDENCE (Where dece	osed lived if institu	ition Residence before 11	Bc. CITY OR TOWN	13d. INSIDE CITY LIMITS?			
eve m. eve	ugili	MARYLAND	139. COUNTY	TGOME Ry	BETHESOA	YES NO	5303 Poo	ks Hill	Road
amy any			Middle	Last		MAIDEN NAME First			Last
= = = = = = = = = = = = = = = = = = =		HANRY		Foot	(40	(FTIC	-	Paren	ACTO
cida ano	16a.	WAS DECEASED EVER IN U.S. A	RMED FORCES?		17. INFORMANT	-01110			4215
iffice hysing plants	1	es, na, ar unknown) (If yes giv	war or dates of service)	284-24-39	71 ANN	BRONSON	0	1 0	Benilva
g pl		18 CAUSE OF DEATH (Enter	inly one cours per			" RI D	uny	APPROXIM	LATE INTERVAL
din din	10	PART I. DEATH WAS CAUS	ED 8Y:	inte tal (a), (a) and (c).)		unigo	140	BETWEEN ON	ISET AND DEATH
dec tremi rrmi		1/2 1 IMMEI	. ,	0.00	san Print	2 Charl	The same	3 7	resy
the e o		Conditions if any which gave		AS A CONSEQUENCE OF		17/	1	1	
at the nsit			(b)	usus	appron	7164	alsong	- Ur	nos.
tro tre			DUE TO, OR	AS A CONSEQUENCE OF					
ysic med riol	18) (c)						
requestion signatures of the signature o		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIB	UTING TO DEATH BUT NOT	RELATED TO THE TERMIN	NAL DISEASE OR CONDIT	ON GIVEN IN PART 1(a)		
ding ding the	NOI	10 DAYS OF OPEN VIOLEN							
e le litten as bas os os pric	ICAT	TYG. DATE OF OPERATION TY	. CONDITION FOR W	HICH OPERATION WAS PERFO				IGS CONSIDERED IN CE	RTIFYING
r of r of see he was a he	RTIF	A) A(()) () () ()							
AN: al o cate or Heo					21c. HOW INJURY O	OCCURRED (Enter natur	e of injury in Part 1 ar Par	1 2, Item 18.)	
ppite of the	EDIC	(If either, notify medical exam	niner) P.M.	19					
HYS hos s ce ache ept.	×	21d. INJURY OCCURRED 21	e. PLACE OF INJURY	(AT HOME, FARM, STREET, FACTOR OFFICE BUILDING, ETC.	Y.) 21f. LOCATION Str	reet ar R.F.D. Na.	City or Town	County	State
the thi det						,			
by fter fter be		22o. I certify that (I) (t	his-hospital) off	ended the deceosed	from Marc	, 19 GS,	to Murch s,	19.69 , that	(1) (we) last
ed ed lid		sow the deceased	olive on The	man 5 196	Z, and that in (1	my) (our) apinion	deoth occurred an the	e date and hour o	nd from the
Trioi di	DECASED MANNE First Middle Fort 20. DATE OF DEATH Middle Fort 20. DATE 20. D								
R P P SEC 3 S S WI WILL	DIVISION OF VITAL RECORDS, 301 W. PRESTON SITERET, BALTIMORE, MARYLAND 21201 O 4 08 05 CERTIFICATE OF DEATH Log								
L o be o b	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITIMORE, MARYLAND 21201 0408 DECERTIFICATE OF DEATH	1969							
TA MON	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 O 4 67 CERTIFICATE OF DEATH Dot Dot	athanda							
NEF NEF									IIIG•
HC oge	23a.	8URIAL, CREMATION, 23b						, ,,	(State)
5 5 5	0.1		3-7-69				ockville,	Montg. C	o. Md.
VR AIS (A)	24.			7557 Wis	consin A	VE MAR TO	10CO 25b. REGISTR	AR'S SIGNATURE	00
45M · 168		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Control Contr				A March A March College			

	1					0.000
105		04093 DI				04085
	L		Now	CERTIFICATE OF DEA	TH	
# = 2#			Middle	Lost	20. DATE OF DEATH	2b. HOUR
deo	L	HARI	VEY NONE	GAMBREL	2 Month 13 Doy	69 Year 925 M
ful ful fer	3. 5	X 4	1. RASE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS
s af the dage rs af		MALE	WHITE	11-28-8	last birthday) YRS.	MONTHS DAYS HOURS MIN
age of the second	7a.	IRTHPLACE (Stote or foreign 7b.	CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
4 4 (ii F)		TexAS	U.S.A	WIDOWED DIVORCED		Md.
i Bar	10.	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If not in hospital 120.	. USUAL OCCUPATION (Kind of work done /	12b. KIND OF BUSINESS OR
with bar	1	AKOMA PARK	WASH DA	N14 7050	ing most of working life, even if refired.)	INDUSTRY
car	13o.	USUAL RESIDENCE (Where deceosed li	ved, if institution: Residence before		E CITY LIMITS? 13e. STREET AND NUMBER	1
New Series	Odil	Ma.	130. COUNTY MGty	TAROMAPK YES	10 7/25 Willow	Vav.
CERTIFICATE OF DEATH	AME First Middle	Lost				
DIVISION OF VITAL RECORDS, 301 W. PRESTOR CERTIFICATE 1. DECEASED-NAME (Type or print) 1. DECEASED-NAME (Type or print) 1. DECEASED-NAME (Type or print) 3. SEX 4. RAYE 5. DATE WIDOWED 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hos give street oddress) 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) 131. COUNTY BY 132. COUNTY BY 133. COUNTY BY 134. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART 1. DEATH WAS CAUSED BY: 135. MARRIED 146. SOCIAL SECURITY NO. 177. INFORMAL 187. CONSEQUENCE OF 188. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 189. CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM 180. WAS DECEASED EVER IN U.S. ARMS (b) 180. WAS DECEASED EVER IN U.S. ARMS DECEASED EVER IN U		V Ridge War	,			
cate sicia ofea , an			lotes of service)	11	Address	
physel solution		NO	579-03-	8106 HOSpitA	th RECORDS.	
ng I The		18. CAUSE OF DEATH (Enter only or	ne couse per line for (o), (b), ond (c)	10		APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
eath endi nit.		PART I. DEATH WAS CAUSED BY:	AUSE (0) Locker	1 neuman	a	5 Wests
atte an,		481X	DUE TO, OR AS A CONSEQUENCE OF			
the site			(b)			
tha an. by ran						
rres /sici ned ial-l			(c)			
		PART 2. OTHER SIGNIFICANT CONDITION	ONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	E OR CONDITION GIVEN IN PART I(0)	
w r Jing een the r to	NO	Ayenga	elingto (a	dovaselno	20 000	- (
e la fence la se base as prid	CAT	190. DATE OF OPERATION 196. CONE	DITION FOR WHICH OPERATION WAS PE		CALICES OF DEATHS	ONSIDERED IN CERTIFYING
The part of the pa	RTIF				10	
AN: olo icate far Hea		TOR CONTRIBUTING CAUSE OF CEATH		21c. HOW INJURY OCCURRED	(Enter noture of injury in Port 1 or Port 2, I	tem 18.)
SICI Spit Spit Spit Spit Spit Spit Spit Spit	EDIC	(If either, notify medical examiner)	P.M. 1	9		
130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) SLATE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) SLATE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) SLATE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) SLATE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) SLATE 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) SLATE 131. INSTORMANT 132. STREET AND NUMBER 133. CITY OR TOWN 134. MAIDE CITY UNINTS? 135. MOTHER'S MAIDEN NAME First Middle CAMBRATI 14. FATHER'S NAME 150. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) 161. SAMED FORCES? Yes, no, or unknown) 172. INFORMANT Address Yes, no, or unknown) 183. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: III. MOTHER'S MAIDEN NAME First Middle CAMBRATI 173. INFORMANT Address YES ON O 125 WAS A CONSEQUENCE OF (o), ond (c).) 175. INFORMANT Address YES ON O 125 WAS A CONSEQUENCE OF (o), ond (c).) 176. UNFORMANT Address YES ON O 125 WAS A CONSEQUENCE OF (o), ond (c).) 177. INFORMANT ADDRESS MAIDEN NAME First Middle CAMBRATI 178. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) 179. INFORMANT ADDRESS MAIDEN NAME First Middle CAMBRATI 170. INFORMANT ADDRESS MAIDEN NAME FIRST NO 172. INFOR	County Stote					
by be Sto		22a. I certify that (I) (this hi	aspital) attended the deceas	ed from	19, to March 15_, 196	that (I) (we) last
TEN Suld the	П	causes stated abave, (I)	DECERTIFICATE OF DEATH DECERTIFICATE OF DEATH DECERTIFICATE OF DEATH LOST CERTIFICATE OF DEATH LOST COUNTY OF DEATH LOST LOST LOST OF DEATH LOST LO	te and nour ond from the		
she et a Vijit she vijit she vijit she et a A	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 O40 CERTIFICATE OF DEATH 1. DECEASED-NAME (Type or print) I. DECEASED-NAME (Type or print) II. DECEASED-NAME (Type or print) II. DECEASED-NAME (Type or print) III. DECEASED TYPE IN III. DECEASED TYPE IN III. DEATH WAS CAUSED BY. III. DECEASED TYPE IN III. DEATH WAS CAUSED BY. III. DECEASED TYPE IN III. DEATH WAS CAUSED BY. III. DECEASED TYPE IN III. DEATH WAS CAUSED BY. III. DECEASED TYPE IN III. DEATH WAS CAUSED BY. III. DECEASED TYPE IN III. DEATH WAS CAUSED BY. III. DEATH W	DATE SIGNED				
OR De la 3 ed v	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 1. DECEASED-NAME (Type or print) 1. DECEASED-NAME (Type or print) 1. A RAYE 1. DATE OF BERTH	-13-69				
rat	FITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with a may be retained by the haspital or attending physician. ERAL DIRECTOR: After this certificate has been signed by the attending physician and carapletely are, page 3 should be detached far use as the burial-transit permit. Then please remave carbar die filed with the State Dept. at Health priar to burial, crematian, ar removal, and in any event with the State Dept. at Health priar to burial, crematian, ar removal, and in any event with the State Dept. A MEDICAL CERTIFICATION	22d. PHYSICIAN'S	11/11	22e. ADDRESS	I M To I	- n n/
SPI 4 m 4 m 4 ER, Id b		MAINE (TYPE) JAMES	IN WHITLOCK	17717 6	arpline / Hanaga	K o w
O HOSe o FUN direct	230		23c. NAME OF			(County) (Stote)
5 5 5 2 2		Burra /Ken	41/1969 Jan			Mo
VR A15040	124	CONCRETE TUES OF THE	us lipe 2540000	the section of the state of	10	
45M - 150	P	extrain challers	the ling tool	La Czorz DATE	AR 1 8 1969 Jellieux	las Junge.



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04086 /-MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT DECEASED-NAME First Middle 2a. DATE KNOW (Type or Print) delay ind 3 to Orem Aquilla Gardner DEATH MATED 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (in years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR PM3 HOURS Day 24 8:15P 10 69 Male White 6/15/96 94 parti 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Del form country) Marvland TISA Montgomery Pages 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital With 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address)Holy Cross Hosp during most of working life, even if retired.) Post Office Give Silver Spring ong death. 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 136. COUNTY Item 18. Chester YES NO Queen Anne l and 2 should be forwarded to the Chief Medical Examiner's Office ofter 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME Middle William E Gardner Virginia Harris .⊆ hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** be executed within (Yes, na, orunknown) 213-22-6476 File APPROXIMATE INTERVAL .= 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CALISE (n) DUE TO. OR AS A CONSEQUENCE OF buriol-transit Canditians, if any, which gave rise ta immediate cause (a), writing the word certificate should ony stoting the underlying couse .⊑ pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g) 0 SD moval used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate, YES [pe 21g. EXTERNAL CAUSE WAS 3 should 1 0 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 ar Port 2, Item 18.) PRIMARY OR CONTRIBUTING HOUR A.M. cremation. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, office building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE Page burial, 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry and in my apinian funeral director. death resulted fram: Natural causes Accident Suicide Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED. SIGNATURE may NAME (Type) the 50 meter RECID BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A15ME (5)

	X	South the	eriton	tio til	
			11 11 11	Co odaw i	
	Laurenser I	The second secon		ACT Shirt (CA	
	godine USS (gniws wett	
		log	pont neggi	96-1739	
			nontrino		
White year ages				Top I apt	
		Section 1			
	F STORY				

to if the Pass 2000			0403E
MARKET PROCESS	Andrew Co.		
10 10 m ; 30 a	ediffication to	O Maria	
Non-Control (la laure	Later of the
	Level and their	mestife which	Her and ar
on activity of the file	a tentoria	Whate will	
interior de la company		rito	
Marine State of the last			
	was smile earlies	THE RESERVE	

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04088 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN Month 2b. HOUR Yeor (Type or Print) ESTIdelay is Page 1960 ARION DEATH MATED X epartment IF UNDER 1 YEAR IF UNDER 24 HRS. 3. SEX 4. RACE AGE (In years S. DATE OF BIRTH DATE PRONOUNCED DEAD 2d. pup 2, o., PM3. Yeor YRS 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm 18. Give Pages 1 WIDOWED [DIVORCED Conselvania and 2 with the Stat ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during most of working life, even if retired.)
Rome maker INDUSTRY Home 13g USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER WommER Office in Item. after 14. FATHER NAME First Lost 15. MOTHER'S MAIDEN NAME Middle Lost DARRET OnnoR pages haurs 160. WAS DECEASED EVER ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT penga **ADDRESS** This certificate should be executed within (Yes, no or unknown) CORNEHUS unknown File = within APPROXIMATE INTERVAL CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY pending 5 177117 IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (o), please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse = Piration and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) 0 remayal used 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? YES NO pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc. FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 3Theires Rist Wiscom AVE Washington - D.e Rentarion burial, 220. I certify that I took charge of the remains described above, held on retained far Autopsy Inspection X Inquiry X ond in my opinion directar. Accident X deoth resulted from: Notural couses Suicide Homicide Undetermined monner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED the funeral ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** may 5 may 10 FUNE Health John G. Ball, M.D. ADDRESS(Street, city, town, or county) NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23o. BURIAL, CREMATION 23b. DATE 23d. LOCATION (City or Town) (County) REMOVAL (Specify) 3/15/69 Oil City, Pennsylvania Calvary Cemetery 2So. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR ADDRESS 25b., REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Inc., Wash., D. C. VR A15ME 151 10M REV. 1/68

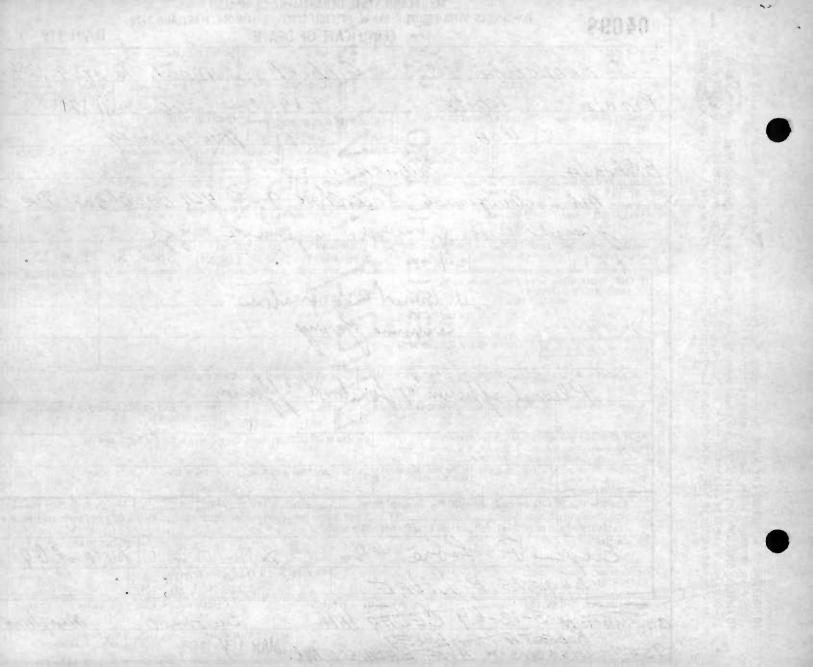
STATE DEPARTMENT OF HEALTH

			96090
		misimory	
	S / Smith		
	unis de la		
Assemble To the Company			
		Jone o. mart, men.	
odinavigator, contagionalia		7/15/95 Details	Involum
		Accordance to the city	Januar Agenous

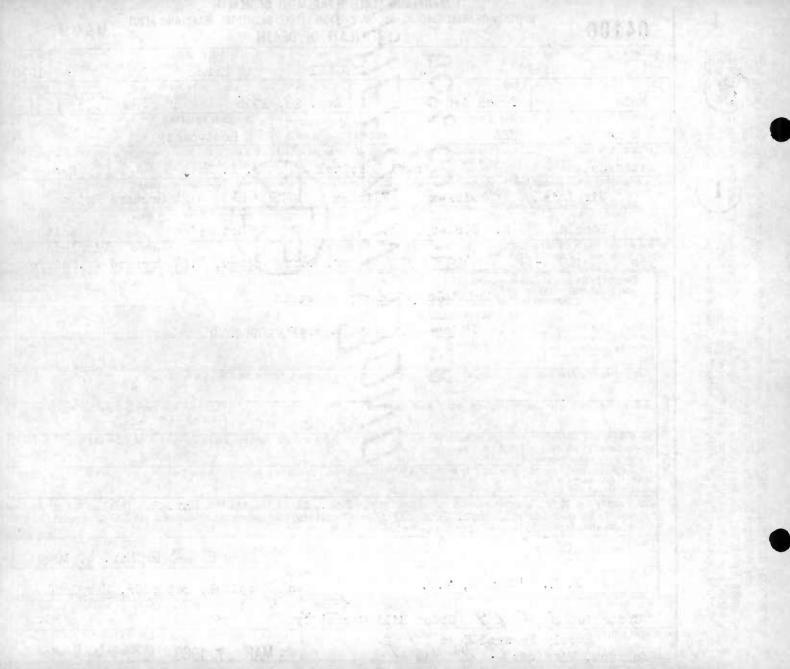
~	1					
1.	11	DIVISION O			E, MARYLAND 21201	01005
		02097	CERTIFICA			04089
¥2- ¥		CEASED NAME First Marie	Middle G .	Lost Geraci 20.	DATE_OF DEATH	2b. HOUR
dea:	[]	ype or print) //ac/e	A SteRa	Ci	3 Manth 39 Day	69eor 740
wer he full ges 1 after	3. SE	Temple, 4. RAGE	4 1	10 00		IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
DIVISION OF VITAL RECORDS, 301 W. CERTIF 1. DECRESSIONAME (Type or print) 3. SECTION AND CERTIFE 1. DECRESSIONAME (Type or print) 3. SECTION AND CERTIFE 1. DECRESSIONAME (Type or print) 3. SECTION AND CERTIFE 4. RAGE 5. CHIZEN OF WHAT COUNTRY? 8. MARRING 1. DECRESSIONAME (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. DECRESSIONAME (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or print) (Top or Townyof Death (Type or print) 1. NAME OF HOSPITAL OR INSTITUTION (Top or Townyof Death (Type or Townyof	1. /	0 10 0 1				
24 he d in beers.	cau	WASH. D.C. U.	S. Q. WIDOWED WIDOWED	DIVORCED D	Pantgom	ERY Md
1. DECEASED NAME First Marie Middle Lost Geraci 2a. DATE OF DEATH Month Day Or		126 KIND OF BUSINESS OR INDUSTRY				
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAITIMORE, MARYLAND 21201 1. DECENTRANCE THE PROPERTY OF T	1					
Cor move	14 F	ATHER'S NAME First Middle	lost voerre	suu = = =	4616 CALL	
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH O 4889 ID CONTINUED TO THE CONTINUE OF THE						
ond	160.	WAS DECEASED EVER IN U.S ARMED FORCES?	16b. SOCIAL SECURITY NO. 17 INFO	RMANT ()		
DIVISION OF VITAL RECORDS, 301 W. PRESTON SIRRET, BAITIMORE, MARYLAND 21201 O 4 6 8 1 DECONORMAN CONTROL OF THE PROPERTY OF THE CONTROL OF	CKI- Bethese					
	APPROXIMATE INTERVAL BETWEEN DISET AND DEATH					
	3 HRJ					
the at per					1.10	CRAPIAL
ot 1 . th. nsit	Substitution State	6 YRs				
cian cian d by l-tro l, cre		storing the orderlying coose	AS A CONSEQUENCE OF			Granty Geor Tank Mours of Min
luire hysi gne uria urio	13b. COUNTY 13b. CONTRIBUTION 13b. COUNTY 15b. MOTHER'S MAIDEN NAME FIRST 15b. MOTHER'S MAIDEN NAME FIR					
ng p	7			E TENNINE DISENSE ON CONDITI	on orten in rant i(u)	
law endir bee s th	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR W	HICH OPERATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
The after has see of the p				YES NO	CAUSES OF DEATH?	
AN: or cate or u	CERTIFICATE OF DEATH 1. DECEASED NAME First Marie Middle Lost Geraci 2a. DATE OF DEATH Month Day Geor 75 3. SEA A RACE S. DATE OF BIRTH 6. AGE (In years leg Month Day Geor 76 4. RACE S. DATE OF BIRTH 6. AGE (In years leg Month Day Geor 77 5. DATE OF BIRTH 6. AGE (In years leg Month Day Geor 78 7. BRITHPLACE (State or lareign 7b. CIPIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED MONTH MIDOWED DIVORCED MONTH 12b. (MID OF BUSINESS) MONTH 12b. (MID OF BUSINESS) MIDOWED MONTH MIDOWED MIDOW	em 18.)				
The state of the s						
PHY: he hos this ce letochic		21d. INJURY OCCURRED 21e. PLACE OF INJURY While Not while at work	(AT HDME, FARM, STREET, FACTDRY.) 21f. LOCAT DEFICE BUILDING, ETC.	ION Street or R.F.D. No.	City or Town	County State
ING by t frer be o	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BAILTIMORE, MARYLAND 21201 O 4 0 8 9 I. DECIDATORNAM First Marif e Loss GEPEACL To DATE OF DEATH S. AGE (by spec) J. DECIDATORNAM First Marif e Loss GEPEACL To DATE OF DEATH S. AGE (by spec) J. DECIDATORNAM First Marif e J. DECIDATORNAM FIRST MARIF	9, that (I) (we) last				
END ned N: Ai uld I		saw the deceased alive an	1969, and the	nat in (my) (ou r) opinion of	death occurred an the dat	e and hour and from the
ATT ATT Short short if the training the training the training the training the training training the training training the training traini			/ (did fidi) view the budy uner ded	111.	22c D	ATE SIGNED
OR De r		(or	www DEGREE	ATTENDING MED. PHYS. DIRECTO	STAFF -	3/29/69
TAL AL D Pog Pog Fill		ALAME (Tuno)				
NER tor, ild b		LAN WISC				
FU See	23a.	DEMOVAL (Caratifal)				
5-5 1	24		Fort Lincoln C	emetery Co	Imar Manor, Pr	ice Georges Co
VR A15 (4)	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OF 46 8 9 OF 56 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Las Duelas				
43M - 1/69		W.W., Wasn., D.C., 200)TO	DATEAPK	ושטטון	10

PARTA DE MATERIAL DE LOCALIDAD Sarial - 4-1-1969 Fort Edatella Cedellary Colmac Subor, Prior Contes Co Comera select done, inc., 5130 disc. ky. de proposition of the

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04098 CERTIFICATE OF DEATH 04090 1. DECEASED-NAME First Middle 20. DATE OF DEATH death. 2b. HOUR executed within 24 hours after death (Type or print) RANCESCH 3. SEX DATE OF BIRTH AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthday) HOURS 3-19-02 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) WIDOWED [7] DIVORCED [10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION Kind of work done during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR give street oddress remave carbon **INDUSTRY** in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE COUNT 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME First Middle law requires that the death certificate be and 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, no. or unknown) (If yes give war or dates of service) as been signed by the attending physi as the burial-transit permit. Then pl prior taburial, crematian, ar remaval, Same as Item 13. Nathah APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART 1. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a) DUE TO. OR AS A CONSEQUENCE OF Canditions, if any, which gave) granner y rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) TO FUNERAL DIRECTOR: After this certificate has been 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING TO HOSPITAL OR ATTENDING PHYSICIAN: The Page 4 may be retained by the haspital or after CAUSES OF DEATH? YES T 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at work 22a. I certify that (I) (this hospital) attended the deceased fram_ , and that in (my) (our) opinion death occurred on the date and haur and from the causes stated above, (1) (we) (did) (did not) view the bady after death. 226. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 10400 Conn. 22e. ADDRESS Ave. NAME (Type) Kensington. directar, shauld b **BURNAL** CREMATION 23c. NAME OF EMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOYAL (Specify) FUNERAL DIRECTOR 250_ REC'D_BY REGISTRAR 25b. REGISTRAR'S SIGNATURE



				eena	11
		TO TA			
				nive A	
		Latel			
	the best regarder	S. Harris John Co. S.			
ASSOCIATED ARAPTAMENT SEES SEE			140	olf	
	art a tarth	Man-Will			b p
iner prehite h.ly no.	econtinu da				
a v					
	200 m	THEORY OF			
or the set and the					
A Marie Cast Cast					
V malgables males to		and the second	p 1-1 -1	701	
		i.u., Inution			



1. 1		maryland state department of Health erifeby Division of Vital Records, 301 W. Preston Street, Baltimore, Maryland 21201						
FOR STATE	_	APPLICAL PURALIMENTS CERRIFICATE OF READIL	04093					
HEALTH DEPT.			Ionth Day Year 2b. HOUR					
× 00	((Type or Print) T.E.S.P.E.R	3 16 19 693:30					
37 4	3. 5							
a de de		Male White 11-9-22 loss by thotal DAYS HOURS MIN Month 19						
1, 2, m P. Depar	70.	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	11 07 7 50					
re D	canı	ntry) PA. U.S.A. WIDOWED DIVORCED Montgomery	Md.					
ofter deoth 8. Give Pages 1, glong with form with the Stote De leoth.	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work of						
the the	Silver Spring Holy Cross Hospital SALESMAN							
s ofter deoth 18. Give Pag along with along with with the Sto		. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY 13b. COUNTY 13b. COUNTY 13b. COUNTY 13c. STREET AND NUMBER 13c. COUNTY 15c. CITY OR TOWN 15c. CITY LIMITS? 13c. STREET AND NUMBER 13c. COUNTY 15c. CITY LIMITS?	n xa					
		Mary all part 15 10 11730 (mpersitive					
	14. (FATHER'S NAME First Middle O Lost IS. MOJHER'S MAIDEN NAME First Middle	Last					
hin 24 ncil in niner's poges hours	16a.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	1 0 1 0 40					
within pencil xomine ile pog 72 hou	()	WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give wor or dates of service) 140 - 17 - 5587 DR - 12A CHIDEL	COLUMBIA PIKE					
d with the leave of the leave o		1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL					
executed snding" in Medical E t permit. I		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Useinguination due	BETWEEN ONSET AND DEATN					
e execut pending ef Medicc nsit permi		756 X DUE TO, OR AS/A CONSEQUENCE OF						
be hief hief ansi		(conditions, if any, which gave is to the Laceration of the	val					
should be executed ne word "pending" in to the Chief Medical E. puriol-transit permit. F in ony event within		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF						
she v he v to the buri		lost. (c) self-inflicted						
This certificate should be executed within 24 cote, writing the word "pending" in pencil in be forworded to the Chief Medical Exominer/s be used as o buriol-transit permit. File poges or removol, and in ony event within 72 hours	CERTIFICATION	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)						
vritii vord vord ed c		190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?					
		WAS PERFORMED?	YES TO NO					
- P 0		21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW) INJURY OCCURRED (Enternature of injury in Part 1 or Po	rt 2 tem IB.)					
KAMINER: Ti te the certifica ge 4 should by your files. age 3 should I	MEDICAL	PRIMARY FOR CONTRIBUTING 2 HOUT AND 3-161969 ACCOUNTED TO THE CAUSE OF ORATH	of curries					
		21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, while Nor while Nor while factory, effice building, etc.)	Caunty State					
EXAMINER: cute the cert oge 4 should your files. Page 3 should, cremotion,		AT WORK LI	S. monta ma					
ICAL E) s execut tor. Pog ed for) CTOR: P buriol,			and my apinian					
ITY bleose exproprise to director. be retoined if RAL DIRECTO prior to bur	ALE VENT	death resulted from: Natural causes . Accident , Suicide , Hamicide ., Undefermined ma	nner					
TY pleose y, pleose rol direct estoine (AL DIREC		ACTUAL MODEL CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER						
UTY, Perol Be Be Pri		SIGNATURE ASSISTANT MEDICAL EXAMINER 22b, DATE SIGNED EVAMINED'S DEPUTY MEDICAL EXAMINER 22b, DATE SIGNED						
o DEPUTY DICAL EXAM necessory, pleose execute the funeral director. Page 4 5 may be retained for your O FUNERAL DIRECTOR: Page Health prior to burial, crem		NAME (Type) BELDEN R. NEAD M.D. ADDRESS SYSTEM (EVEN - SECTION 1)	6/1969					
the Hee	23a	BURIAL, CREMATION, 236-DATE 8 /60 236, NAME OF CEMETRRY OR CREMATORY - 1234 JOCATION (City or Town)	(County) (State)					
	B	unia-1. 3/ht/las Ballthinade Nativales 11/4 4.1.1/1/1/Was	hington, D. C.					
VD 41545 (5)		FUNERAL DIRECTOR Donald M. Stein ADDRESS 232 Carroll 250 REC BY REGISTRAR 25b. ALCO	RAR'S SIGNATURE					
VR A15ME (5) 10M REV. 1/68	He	ebrew Memorial Funeral Home, St. NW, Wash, D. dial WAN 19 1969	00					

COLOR OF THE CHARLES CONTINUE CONTINUE STREET, AND THE SECOND CONTINUES OF THE CANADA STAND BENEVALOR OF THE STANDARD OF THE A STATE OF THE PROPERTY OF THE PARTY OF THE

			AN OZOS		
<u>~</u> \	26.17				Mil
2 759	24	8	LO LO	5/5/84	CTIN JAN
		HOSTING	Howard X Tally	- ()	1.533
		olimato.	HOLY CHOSS		SILVER SERING
Tem r.			. Sil.Spr. x	dent.	. bli
TION OF			Trains		
			neminadaan		
.#					
		Z.		TE HOST DIL	
ch 27, 196	76	X	, neateg	. Ican, M	elJen
	• - •	ousless to	guranic Jama 190	F - V	
				vacultáli az	

The state of the s

TALLEY TRUE LA SERVEN.

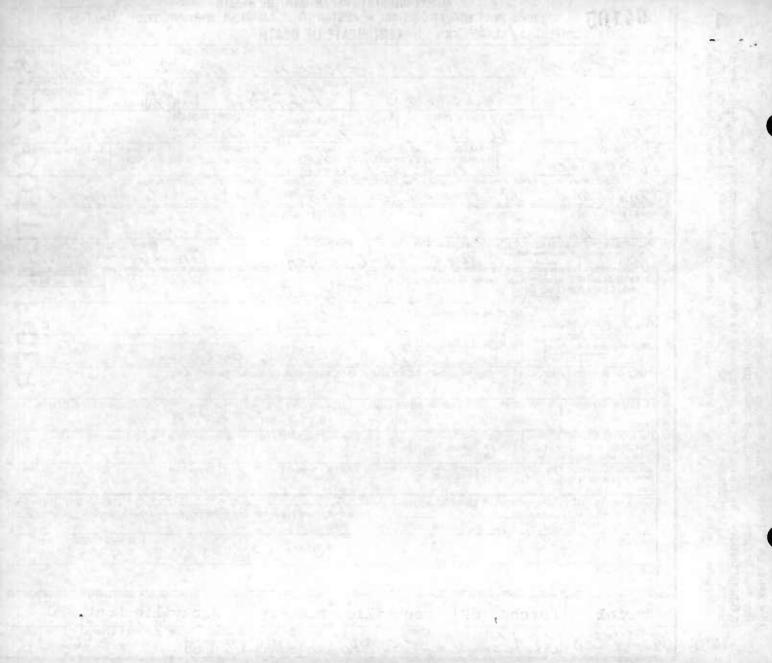
AR ... THE STATE OF THE CONTRACT OF THE STATE OF THE STAT

April American Carlotte Carlot

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04096 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle First Last 20. DATE OF DEATH 2b. HOUR deoth. after deoth (Type or print) Month Year G Marcu 69 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR last birthday) **MONTHS** DAYS HOURS W 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED ontgomerv Maryland U. S. WIDOWED A DIVORCED [DER within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.)
Homemaker pleose remove carbon **INDUSTRY** the ottending physicion and completely sit permit. Then pleose remove carbor event, 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER PHYSICIAN: The low requires that the deoth certificate be executed MONGROMERY odmission) STATE KENSING TON YES & NO and in ony 14. FATHER'S NAME Middle 1S. MOTHER'S MAIDEN NAME First Middle Edward F. Gallagher Mame Full 1524ss Hardwood 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Neice (If yes give war or dates of service) 220-44-5354T Yes_np, or unknown) Hollabaugh cremation, or removol, Mrs.Beall McLean, Va. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c), GETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove) burial-tronsit rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 moy be retained by the hospital or attending physicion. stating the underlying couse signed t last. burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O FUNERAL DIRECTOR: After this certificate has been os the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO TK YES T for use detoched for use te Dept. of Health 21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year P.M (If either, natify medical examiner) director, page 3 should be detoche should be filed with the Stote Dept. (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY Stote City or Tawn County While Not while at wark 22a. I certify that (I) (this haspital) attended the deceased fram 9, and that in (my) (appropriate death accurred saw the deceased alive an... on the date and hour and fram the causes stated abave, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** MED. DIRECTOR STAFF PHYS. PHYS. 22d. PHYSICIAN'S 22e-ADDRESS CURRY NAME (Type) 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE 23a. BURIAL CREMATION (County) REMOVAL (Specify) 3-10-69 Rose Hill Cemetery Hagerstown. Maryland REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR 2Sa. RECID BY-REGISTRAR ROBERT PUMPHREY, Bethesda, Maryland, Maryla 30M REV.

SOFT The party of the phase of the party A LE Ablaite Parking 900/12 water Speaked Library Lacket Has pieted Library Will mayout and tection X agranant promise among the come AND THE RESERVE THE PROPERTY OF THE PROPERTY O watered, may recome a resemble time about the street from

	d.	MARTLAND STATE DEPARTMENT OF HEALTH	
4		0 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	4097
-	I	tems586 FilmGull 4/11/69 kk CERTIFICATE OF DEATH	
within 72 hours after death.		DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
		Type or print) Edith H. Green- march- Day	1469 12 M
	3. 9	FX . 4 RACE . IS DATE OF RIPPH / 1881 6 AGE (In years IFL	UNDER I YEAR IF UNDER 24 HRS.
		Female- Caucasian - 7/27/8/17 last birthday) ANS. MON	NTHS DAYS HOURS MIN.
	7g.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
		minn. U.S. A. WIDOWEDE DIVORCED MONTGOMER	ed Md.
71	10.		26. KIND OF BUSINESS OR INDUSTRY
6	130	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 12%, CITY OR TOWN). 134. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	. /
13	adn	mission STATE land. 13b, county to mery Kensington YES NO 3920-llashin	igton St.
1	14.	FATHER'S NAME First Middle Cost S. MOTHER'S MAIDEN NAME First Middle	Last
13/		UNKNOWN HILDEGARD UNKNOWN.	
		2. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
	L	Yes, na, ar unknown) (If yes give war or dates of service) 214012575D. WINSHID I GREEN LAN	ke Checy Chase
		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebre Infanction	24 h
		4339 DUE TO, OR AS A CONSEQUENCE OF	
	10	(anditions, if any, which gave)	366
		rise ta immediate cause (a).	
		stating the underlying cause DUE 10, OR AS A CONSEQUENCE OF Careful and Consequence of Careful Consequence of Careful Consequence of Careful C	
		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	4/2		
	CERTIFICATION	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONS	IDERED IN CERTIFYING
9	S.	YES NO NO ACAUSES OF DEATH?	
r	E	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item	18\
			10.)
	MEDICAL	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town C.	aunty State
	-	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town C. While Not while	aunty State
		dt wark dt wark	
		22a. I certify that (I) (this hospital) attended the deceased from	7, that (I) (we) last
		causes stated obave, (I) (we) (did) (did nat) view the body after death.	ond nour ond from the
		22b. SIGNATURE / 22c. DATE	E SIGNED /
1	/	DEGREE PHYS. DIRECTOR	15/19
		22d. PHYSIETAN'S 22e. ADDRESS	10/6/
		NAME (Type)	
	224	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Jown)	Caunty) (State)
	230	Brown Rockville emetery Rockville Mo	(County) Md (State)
-	24	FUNERAL DIREGOR ADDRESS 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIG	NATURE
1		Collet. C. Scenghrer 7557- Win are DATMAR 12 1969 goliante	
1	1	- C. Y / Color / Color of Daletin I D 1000	6 6



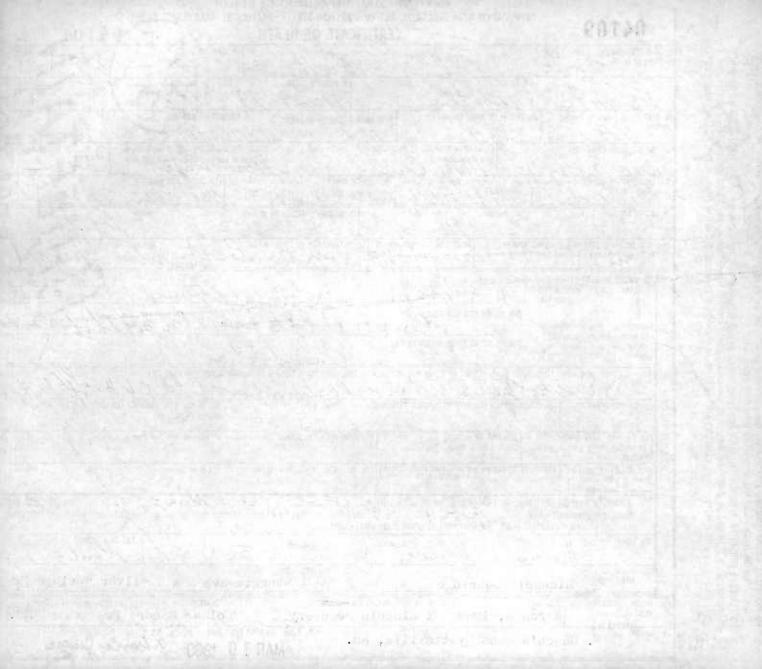
		MARYLAND STATE DEPARTMENT OF HEALTH
18 1		04106 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04098
death.	1. D	ECEASED-NAME First Middle GREEN BERG 20. DATE OF DEATH North 23 Day Year 69 645 PM
24 hours after death ed in by the funeral apers. Pages I and 172 hours death	3. S	Male White 2-14-99 last birthday) ANN MONTHS DAYS HOURS MIN.
24 hour d in by pers.	cau	BIRTHPLACE (Stote or foreign ntry) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Md.
rexecuted within 24 hand completely filled in temere corbon papers and any event, within 72 h		CITY OR JOWN OF DEATH STRING 11. NAME OF HOSPITAL OR INSTITUTION (Uthat in hospital during most of warking life, even if retired.) 120. USUAL OCCUPATION (Kind of work done during most of warking life, even if retired.) 120. KIND OF BUSINESS OR INDUSTRY INDUSTRY
complet complet y event,	13o. adm	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lission) STATE 1 136. COUNTY 1. G. HATTS. YES NO 136. STREET AND NUMBER 1005 CHILLUM ROSS
be exemple and drin any		FATHER'S NAME First Middle Last 1S. MOTHER'S MAIDEN NAME First Middle Last UNKNOCCESS LOST
errificate b physicion nen please nen please	160	1. WAS DEGRASED EVER IN U.S. ARMED FORCES? Yes, no. of unknown) (If yes give wor or dates of secure) 578-24-3424 NDSN Record Address
of the death c the attending ssit permit. The mation, or rem		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave rise to immediate couse (a), stating the underlying couse TO BE CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that in Page 4 may be retained by the hospital or ottending physicion. O FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 should be detoched for use as the burial-transit should be filed with the State Dept. of Health prior to burial, crema	NO	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The low re ottending thos been use as the lith prior to	CERTIFICATION	19a. Date of Operation 19b. Condition for which operation was performed 20a. Autopsy? 20b. If Yes, were findings considered in Certifying Causes of Death?
YSICIAN: ospital or certificate for usined for usit of Heoli	MEDICAL CE	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING P.M. Month Day Yeor P.M. 19
G PHYS the hos this ce detoche	W	21d. INJURY OCCURRED While Nat while of work North of the sullding, ETC. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) OFFICE BUILDING, ETC. 21f. LOCATION Street ar R.F.D. Na. City ar Tawn Caunty State County
TENDING ined by OR: After ould be ould be ithe State		22a. I certify that (I) (this haspital) attended the deceased from 19, ta 3, 19, that (I) (ve) last saw the deceased alive an 19, and that in (my) (op) opinion death occurred on the date and hour and from the causes stated above, (I) (ve) (did) (did not view the bady after death.
		22b. SIGNATURE Acceptable
O HOSPITAL Page 4 may O FUNERAL I director, pog should be fil	23a	NAME (Type) COBERCY RETITIETZ. 8484-16-287 B.
VR A15 (4)	1	MOVELSPECIFY 3/25/69 NATH MEM. FACK FALLS GENERAL SIGNATURE BUNERAL DIRECTOR SO RECTOR BY REGISTRAR SIGNATURE SO RECTOR BY REGISTRAR SIGNATURE 150 PEC BY REGISTRAR SIGNATURE
30M REV. 1/68	OK.	solding the total for the paternia of the pate

	04107	DIVISION OF VITAL RECORDS,	O STATE DEPARTMENT OF 301 W. PRESTON STREET, BAL ERTIFICATE OF DEATH		04099
ī.	DECEASED-NAME Firs (Type or print)	t Middle	last Gregory, Jr.	2a. DATE OF DEATH Month 3	2b. HOUR 2 2:55
3.	SEX Male	4. RACE White	S. DATE OF BIRTH 10=28=04	6. AGE (In years last birthday) 0 + YRS.	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
70	n. BIRTHPLACE (State or foreign buntry) Maryland	7b. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Montgomery C	ounty
	CITY OR TOWN OF DEATH Silver Spring	11. NAME OF HOSPITAL OR INST	TTUTION (If not in haspital Cross Hosp.	UAL OCCUPATION (Kind of work done mast of working life, even if retired.)	12b. KIND OF BUSINESS OR
13	a. USUAL RESIDENCE (Where decedimission) STATE Md.		13c. CITY OR TOWN 13d. INSIDE CITY Sil. Spr. YES	100. STREET THIS HOMEK	Grove Rd.
14	. FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME	First Middle	Last
	Joseph	William Gregory	Carrie		Springmann
10	o. WAS DECEASED EVER IN U.S. AF	MED FORCES? 16b. SOCIAL SECURITY N	O. 17. INFORMANT	Address	
L	Yes, no, or unknown) (If yes give	war or dates of service) 214-03-808	86 Elizabeth D.	Gregory 9802 Fore	st Grove Rd.
F	18. CAUSE OF DEATH (Enter of	nly ane cause per line far (a). (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUS	ED BY:	the state of	12 4	The sale of the sa
П	14100 IMMED		10-y promo	say y	y www.
L	Conditions, if any, which gave	DUE TO OR AS A CONSEQUENCE OF	251 - 0.1	1.1.7	
E	rise to immediate couse (o),	(b)/	mysterder.	enjournen	
L	stating the underlying couse	DUE TO, OR AS A CONSEQUENCE OF	V		
г	last.) (c)			
	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OF	RCONDITION GIVEN IN PART 1(a)	
3	5				
CEDTIENCATION	19a. DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PER	FORMED 200. AUTOPSY?	20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
TIEL			YES NO	CAUSES OF DEATH?	
		NG 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part 1 or Part 2,	, Item 18.)
MEDICAL	OR CONTRIBUTING CAUSE OF DE	NTH HOUR A.M. Manth Day Year iner) P.M. 19			
AAE	21d. INJURY OCCURRED 21e While Nat while at work of wark	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY.) 21f. LOCATION Street or R.F.D. N	o. City ar Tawn	County State
	220. I certify that (I) (t	his haspital) attended the decease	d from 19.	18. 10 20 march 1	9/ 5 that (1) (was le
	sow the deceosed	his hospital) attended the decease	2, and that in (my) (our) of	pinion death occurred on the d	lote and hour and from t
	couses stoted obov	e, (I) (we) (did) (did not) view the b	ody ofter deoth.		
	22b. SIGNATURE		1 - /	MED. STAFF 22c	. DATE-SIGNED
1	Well	rom Dudsey !	DEGREE PHYS.	MED. DIRECTOR D STAFF PHYS.	120/69
	22d. PHYSICIAN'S NAME (Type)	liam D. And. M.D.	22e. ADDRESS	Lesville Road, Si	lver Spring. M
L					wer spring, "
23			EMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
	DIVITALLA		incoln Cemetery	Bladensburg,	Maryland
2	FUNERAL DIRECTOR Glen	Carter 8434 98889	1000	BY REGISTRAR 25b. REGISTRAR	
T	arner E. Pumphi		ring. Maryland R	2 8 1969 Milliones	"Any University A.

4.11.2.2				rotan
20 69 215		. 10 . (10 . 12.	dilli es so	(9t.)
	19 75	Vertical and	22.57	olnii
County	The atgomer		,i.3.0	throsty and
Pallet & Nam	Yakanas Pi	•แลกัก และกำ	To H	Silver Sprin
	e carolino (mile)	1 1 1 . 102. 113	Vile of Such	381
anningal res	sak	0/1100	vedasati mebili	Joseph
. bil eynwi insun	5 2088 Y20,072	d dinenski	77-77-11	-VI
, class and	Name of the A		, (,) , hall , 1	177.74 H 37.54 H 37.54
"Southern	our Plant Street	antons and a	2 300 to	
		TO STEEL STREET, STREE	tone (the erect	A SUPPLEMENT OF THE PARTY OF TH

1	1	04108	DIVISION OF VITAL RECORDS	, 301 W. PRI		TIMORE, MAR	YLAND 21201	0410	0
. 2		tem23 FilmGL11		CERTIFICA	TE OF DEATH	2a. DATE OF	DEATU	0410	2b. HOUR
la dina		Type or print) BAB		GROC		3	Month 23 Doy	69 Yeor	7:35A
	3. 9		4. RACE NE GRO		DATE OF BIRTH 3023-69		6. AGE (In years last birthdoy)	IF UNDER 1 YEAR MONTHS OAYS	IF UNDER 24 HRS. HOURS JAIN
in ers. 22 bour	7o.	BIRTHPLACE (State or foreign ntry) MARYLAND	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED X	9. COUNTY OF			M.
attending physician. Tatending physician and campletely filled in by the funeral use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 th prior to burial, crematian, ar remaval, and in any event, within 72 bours-after beath	10.	OLNEY	11. NAME OF HOSPITAL OR IN give street oddress MONTGOMERY	STITUTION (If not	during a	NEWBORN	(Kind af wark done ife, even if retired.)	12b. KIND OF I INDUSTRY	BUSINESS OR
sictan and camplete please remaye carb, and in any event,	13o adn	USUAL RESIDENCE (Where decedission) STATE MARYLAI	sed lived, if institution: Residence before ND 13b. COUNTY MONTGOMERY	13c. CITY OR TO			EET AND NUMBER 930 LAYTOR	ISVILLE	ROAD
any any	14.	FATHER'S NAME First	Middle Lost		NOTHER'S MAIDEN NAME		Middle		Last
Se r		JAMES	LELAND WILCO			IISE	DARCEL	GRO	OMS
ysich plec J, ar	160	(es, no, or upknown) (if yes give	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY		ORMANT EDICAL RECO	2006	Address		
enaing pny nit. Then ar remava	F		nly one cause per line for (a), (b), and (c		EDICAL RECE	IKUS			MATE INTERVAL
signed by the attending physicitan and burial-transit permit. Then please remburial, crematian, ar remaval, and in an	-	PART I. DEATH WAS CAUSI						BEIWEEN OF	NSET AND DEATH
afte perm an, c	4	1717X	DUE TO, OR AS A CONSEQUENCE OF				Out In a		
the nsit mati		Conditians, if any, which gave rise to immediate couse (o),	(b)	200					
O FUNERAL DIRECTOR: After this cerificate has been signed by directar, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health prior ta burial, cre-	1	stoting the underlying cause lost.	DUE TO, OR AS A CONSEQUENCE OF						
burial-transit perr burial, crematian,			NDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO	HE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		
as the prior tab	NO			363.42					
A A	CERTIFICATION		CONDITION FOR WHICH OPERATION WAS P		20a. AUTOPSY? YES NO	CAUSES	YES, WERE FINDINGS O OF DEATH?		RTIFYING
A land	MEDICAL CE	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	iner) HOUR A.M. Manth Doy Year	r 19	INJURY OCCURRED (Ent		y in Port 1 or Part 2,	Item 18.)	
State Dept.	ME	21d. INJURY OCCURRED While Not while	. PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.	ACTORY.) 21f. LOCA	TION Street ar R.F.D. N	o. City	ar Tawn	County	State
of C		UL WOLK OL WOLK	nis haspital) attended the deceo	and from	3_23 10	69 to	3-23 , 19	69 that	(1) (wa) las
d Dr		saw the deceased	olive on 3-23-69	19 and	hot in (my) (our) or	oinion deoth o	ccurred on the do	ote ond hour	and from th
shauld be detached ith the State Dept. al		couses stated abov	e, (I) (we) (did) (did nat) view the	body after de	oth.		220	DATE SIGNED	
director, page 3 shauld be detached far use as the should be filed with the State Dept. af Health prior ta		alapate de	Retariol mass	DEGREE	ATTENDING PHYS.	MED. DIRECTOR	STAFF PHYS.	3 - 24	-69
directar, page 3 shauld should be filed with the		228. PHYSICIAN'S NAME (Type) CHES	1 000		22e. ADDRESS				
d blu		CITES	ER LEEROY WAGSTAFI				SANDY SPR		
2		periodict to 16 h		cemetery or co		23d. LUCATIO	N (City or Town)	(County)	(State)
15 (4)		FUNERAL DIRECTOR	ADDRES			BY REGISTRAP	9 25b. REGISTRAR'S	SIGNATURE	22.
PEV 1/49					MAR	2 6 196	4	A G	

				ND STATE DEPARTMENT		
A.		07400	DIVISION OF VITAL RECORDS	S, 301 W. PRESTON STREET, I	BALTIMORE, MARYLAND 212	
		04109		CERTIFICATE OF DEAT	TH	04101
٠. 24	1. D	ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
er death. funeral 1 and 2 er death.	(Type or print)		Gurle	3 Month	SOOY (Year) 725 M
fund loler d	3. S	EX	4. RACE	S. DATE OF BIRTH	6. AGE (In year	S IF UNDER 1 YEAR IF UNDER 24 HRS.
s after the fur ages 1		FEMA/E	white	11-29-		YRS. MONTHS DAYS HOURS MIN.
hour hour	70. cou	BIRTHPLACE (Stote or foreign ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH	wer Pour ster us
24 P P Q L	10	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR		. USUAL OCCUPATION (Kind of work	dape 12b, KIND OF BUSINESS OR
S within	5	IVER SORIUGI	ho give street address)	COSS	ing most of working life, even if reti	red.) INDUSTRY
executed with and completely remove carbon any event, with	13o.	USUAL RESIDENCE (Where decease ission) STATE	d lived, if institution: Residence before	e 13c. CITY OR TOWN 13d. INSIO	OF CITY LIMITS? 13e. STREET AND NUMB	R
d de		Ma.	MONITORY	MICHION	701111110	doiph Road
be ex n and e rem f in an	14.	FATHER'S NAME First	Middle / Presto	1S. MOTHER'S) MAIDEN N	AME First Mid	die Golles
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death ined by the haspital ar attending physician. NR: After this certificate has been signed by the attending physician and completely filled at the funeral build be detached far use as the burial-transit permit. Then please remave carbon places. Pages I and the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours after death	160	. WAS OECEASED EVER IN U.S. ARM Yes, no, or unknown) (If yes give wo	ED FORCES? If or dates of service) 16b. SOCIAL SECURIT 220-44-	4643 Joseph	l Record - sel	ver Afrige Ind
cert G pt Ther mav		1B. CAUSE OF DEATH (Enter onl	y one cause per line far (a), (b), and (0 011	APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH
ne death ce attending p permit. The		PART I. DEATH WAS CAUSED		the Alerobota	feltremier	6 uns
atter erm an, a		2509	DUE TO, OR AS A CONSEQUENCE A	OF A O	1 1 0 0	121/1 2 -1
the sit p		Conditions, if any, which gave)	(b) Ne	crety Vocalty	there ales &	Holy 2 months
that in. by t rans		rise to immediate cause (a), (stating the underlying cause)	OUE TO, OR AS A CONSEQUENCE	OF O	0 +1	
res sicio		last.	(c)	Valel	ilotors	
The law requires that the attending physician. has been signed by the cse as the burial-transit pth priar ta burial, crematia	Z	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEAS	1 - 8000	Upa' - If Harlier
e law re tending is been as the priar ta	CERTIFICATION	190. DAFE OF OPERATION 196.	ONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FIND	INGS CONSIDERED IN CERTIFYING
ar affe or affe or has ouse outh p	E E				NO CAUSES OF DEATH?	
AN: al ar icate for u Heal		21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			(Enter noture of injury in Part 1 or P	ort 2, Item 1B.)
d feligible of the	MEDICAL	(If either, notify medical exomin	er) P.M.	19		
Page 4 may be retained by the haspital ar attending O FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. af Health priar to	ME	21d. INJURY OCCURRED 21e. While Not while at work	PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Street or R.F.	D. Na. City or Town	County State
by the free does do		22o. I certify that (I) (thi	s haspital) attended the dece	osed from Feb.	1968, to Mark 5	, 1969 , that (1) (all lost
END Fed bed build build be		saw the deceosed al	ive on the 4, (I) [we] (bid) (did nat) view th	1962, and that in (my) (204	Copinion deoth accurred an t	he date and haur and fram the
1 中 1 号手		22b. SIGNATURE	(1) Intel (blust (aid iidi) view ii	e body uner deom.		22c. DATE SIGNED
OR OR JEEG W	3	Rue	had to Oobriels	DEGREE PHYS.	DIRECTOR PHYS.	March 5 1569
TO HOSPITAL OR ATTENE Page 4 may be retained TO FUNERAL DIRECTOR: A director, page 3 should should be filed with the		22d. PHYSICIAN'S NAME (Type) Nich	ael Dobridge	22e. ADORESS 9801 Geo	orgia ave N W S	ilver Springs Md
OSP INE	220	. BURIAL CREMATION. 23b. D		DF CEMETERY OR CREMATO RY	23d. LOCATION (City or Town	
Page dire		REMOVAL (Specify) Mar		incoln Cemetery	Colmar Manor	
1 (VY)	24.	Ruria	's Sons Hyattsvi		REC'D BY REGISTRAR 25b. REGIS	TRAR'S SIGNATURE
VR AT5 27 30M REV. 188		F. Gasci	's sons nyactsvi	DAM.	AR 1 (1 1969) 800	contes fueges



12	I tems 18&22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH 5-22-69 ams division of vital records, 301 w. preston street, baltimore, maryland 21201
FOR STATE	04110 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04102
HEALTH DEPT.	1. DECEASED-NAME First Middle Last OF ESTI- OF ESTI- DEATH MATED A HAMILTON DEATH MATED 3-18 159 635
y deloy is 9, and 3 to PM3. Poge advancem of	3. SEX MALE 4. RACE S. DATE OF BIRTH BY DATE OF BIRTH S.
- X	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Gountry) MARYLAND U.S.A. WIDOWED DIVORCED MONTGOMERY M.
ofter death. 8. Give Pages 1, olong with farm with the State Deleath.	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done give street oddress) HOLY CROSS HOSP during most of working life, even if refired.) INDUSTRY
	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Md. 13b. COUNTY Mont. Sil.Spr. YES NO 420 University Blvd.W.
Office after	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost Oliver W. Hamilton Edith Sandy
6 5	16d. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) (Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) (Yes, no, or unknown) (If yes give wor or dates of service) (If yes give wor or dates of service) (If yes give wor or dates of service)
executed in Medical Experiment. Find within	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: Cerebral infarction with thrombosis DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave)
This certificate should be cate, writing the word "pe be forworded to the Chief be used as a burial-transit removal, and in any event	rise to immediate cause (a), stoting the underlying cause lost. (c) Cerebral arteriosclerosis PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
is certifico te, writing forworded to used os c	Arteriosclerotic heart disease 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 2D. AUTOPSY?
# P P	YES NO ☐ 210. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 121e. PLACE OF INJURY (At home, form, street.) 21f. LOCATION Street or R.F.D. No. City or Town County State
EXAMINER: cute the cert age 4 should ryour files. Page 3 shauld, cremotion, I, cremotion,	21d. INJURY OCCURRED AT WORK
JITY DICAL SIGNATURE STATE BE retained for RAL DIRECTOR Prior to burid	22a. I certify that I taak charge af the remains described above, held an Autopsy N, Inspection N, Inquiry N, ond in my opinion deoth resulted fram: Natural causes N, Actident N, Suicide N, Homicide N, Undefermined manner CHIEF MEDICAL EXAMINER CALL EXAM
TO DEPL necessa the fun 5 moy TO FUNE Health	NAME (Type) 36 LOG / CAMPTERY OR CREMATORY 23d. LOCATION (City or Town) (County) 23o. BURIAL, CREMATION, REMOVAL (Specify) 3/22/69 Parklawn Memorial Park Rockville, Maryland
VR AT5ME (5)	Burial 3/22/69 Parklawn Memorial Park Rockville, Maryland 24 FUNERAL DIRECTOR Tyson Wheeler Funeral Home-1331 Rockville Pike Rockville Md 250. RECU BY REGISTRAR 250. REGISTRAR 250. REGISTRAR 26 W69 ADDRESS PARKLAWN Memorial Park Rockville, Maryland 250. RECU BY REGISTRAR 250. REGISTRAR 26 W69 ADDRESS PARKLAWN Memorial Park Rockville, Maryland 250. RECU BY REGISTRAR 250. REGISTRAR 26 W69 ADDRESS PARKLAWN Memorial Park Rockville, Maryland

	MARIEN STANDARD STRUMENTS IN HOLD	14110
15 N E N E N E		same.
A CONTRACTOR		STEETS LATER
A STATE OF THE STATE OF		
	TT. TEST BEOWE YEAR	Million B. 1.5Vera
.pv.o.pfSpravlad.ufe	larw lyaz.lie	.08
	Apune (1210)	oliver of Handleon
11 St N	379-35-9064 Worls Dray Itan	
1		
Mark Park		
her terms all in	loos - Sizes Inityment am Priset - C	
	1 Hourshill House ille Hic Rocvill, M.	Tyron (heeler Sumora

					TT I POT
9 2	£	E TAKE			
0 5	7 80				
	13	Part Tank		10115-10	
	1000				
	3 100 17	CHAPTER AND	nae San Maria		
CALLERAN CONTRACTOR					
d de la comp					
er remizin			E Committee VE		
		The second second	Committee of the Commit		
e 4 . 10 . 31	7301-1	GA	D. J. potentier		

MARYLAND STATE DEPARTMENT OF HEALTH

NOTED TO THE POWER POWER THE STREET OF THE SECRETARY STREET, S With the Street Park more as kind of the more than DOMESTIC CONTRACTOR OF THE PROPERTY OF THE PRO Ar atamend Protection leter prise-till the think & the yellow & Shot their

Stras HURR HENRICHER PART THE VICE OF THE PROPERTY OF TH the files of the section of the sect

				21150
DEST PROVINCE	Marca	Titvrel 1		monator
		I Illia		Alegan Stant
	97 4 20 2 7 10 3			
res veriging 1	mas / West	4 110 to 1	icoini Magaza an Padai	anivec meli
eparent noon	131 - 100	I wer nevil	ихоставляю.	6
AND THE REAL PROPERTY.	al creation		aderial Marie	4-0-4
harde ignal was a	STOLL etmopus son	a put fectual		
lage.				
				See .
and and	F 77.			SAME.
in the standard	4-0	les de la constante de la cons	y 11	6 11 4
		10	1. 50 12 1 15p.	1,611 2, 1001 " , 4211

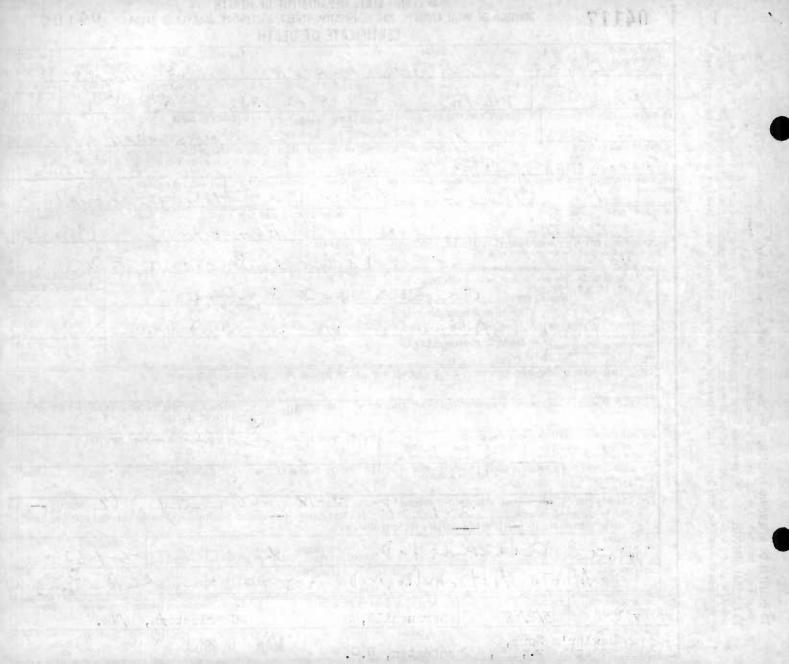
FOR STATE	041.15 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04107
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 2a DATE KNOWN Manth	Day Year 2b. HOUR
	(lyne or Print)	28 199 /30 M
3 to Page ent of	3 SEX 4 RACE S DATE OF BIRTH 6. AGE (In years 1 FUNDER 1 YEAR 4 FUNDER 24 HRS. 2c DATE PRONQUINCED DEAD	2d. HOUR
ny deloy is 2, and 3 to PM3. Page partment of	M. W. Jan 15,1880 89. YRS. MONTHS OAYS HOURS MIN. Manthyleiz/2 Day 28	Year 1969 3-15 M
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
form, form,	(auntry) Michigan. U.S.A. WIDOWED DIVORCED Montgomery	Md
death with the standard	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital- give street address). A Home River Rd during most of working life, even if retired.)	12b. KIND OF BUSINESS OR
a se de	1521 1840_ Westweet 1111	INDUSTRY
after 8. Giv olong olong eath.	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN admission) STATE 13b. COUNTY Washington 4 YES 7 NO 1 1/6 OC 6 200-44	+ 11/2 X1 XV
8 5 5 7/	0.00 Washington - 1	CUI APR. No.
hours Item 1 Office offers	14. FATHER'S NAME First Middle Lost 1S. MOTHER'S MAIDEN NAME First Middle	Last
hin 24 hour neil in Item niner's Office pages Tand hours offer	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO, 17. INFORMANT ADDRESS FALL	LS CHURCH, UK
	(Yes, no, or yhknown) (If yes give war ar dates of service) 598-46-6537 MR. EUGENE GALLAGHER	NEPHEW
te should be executed wit the word "pending" in pe I to the Chief Medical Exon a burial-transit permit. File nd in ony event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), ond (c).)	APPROXIMATE INTERVAL
be executed "pending" in tief Medical E unsit permit. F event within.	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ASPAYAIZ—	BETWEEN ONSET AND DEATH
Med Med per per	9.5.3 DUE TO, OR AS A CONSEQUENCE OF	
"pe ("pe inef	(Conditions, if any, which gave)	
ould to word he Ch is cony to ony to ony to ony to ony to one one one one one one one one one on	rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
sho e w o th ourio	last. (c)	
g the sed to sed to ond	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)	
tifica riting orde orde d as	190, DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION	Top AUTODOVO
INER: This certificate, writing should be forword files. 3 should be used a 3 should be used a cotion, or removal,	190. DATE OF OPERATION 190. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Day, Year PRIMARY OR CONTRIBUTING 3-28 1967 Aur of Self-with after on room.due	20. AUTOPSY?
This cote be for the form	21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, It	
INER: e certification of the	PRIMARY OR CONTRIBUTING 1 1300R 3-28 1969 HUng Sels-inth aspensor resonation	
o 3 figure N		County State
KAMINER: te the cert ge 4 should your files. age 3 shou cremotion,	WHILE NOT WHILE of factory, office building, etc.) AT WORK AT WORK NOT SING. He me-	
DICAL EXAMINER: se execute the certifictor. Poge 4 should ned for your files. ECTOR: Page 3 should burial, cremotion,	22a. I certify that I taak charge of the remains described above, held an Autopsy , Inspection , Inquiry	
ICAL E executor. Poped for CTOR: Foundation	death resulted fram: Natural causes , Accident , Suicide , Homicide , Undetermined manner	
y, pleose stol directo be retoined (AL DIREC	CHIEF MEDICAL EXAMINER	A CONTRACTOR
AL P	ACTUAL SIGNATURE SIGNATURE SIGNATURE \(\frac{1}{22b} \). DATE	SIGNED 20 1016
		rch. 28,1969~
ro DEPUTY necessory, the funero 5 may be ro FUNERA! Health pr	NAME (Type) John G. Ball ADDRESS(Street, city, town, or county)	(C) (C)
D c ± 2 D H	23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 23d. LOCATION (City or Town) Silver Spring, Mo	ontgomery Co.
A.	24. Juneal Director Gawler's Sons, Inc., 5150REWisc. Ave. 250. RECT BY REGISTRAR 25b. REGISTRAR'S	
VR A15ME (5)		when Judge
10M REV. 1/68	Tienes addited negation from Little a 1000	

MAKILANU STATE DEPAKIMENT OF HEALTH

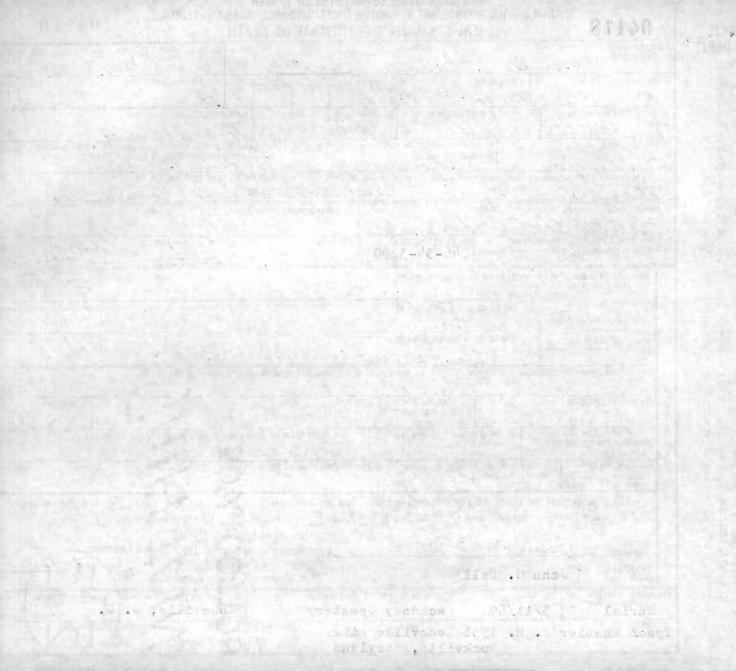
TATES AND THE STATE OF THE STAT ilet energy was a series of series of series to the series of the seri . sym . said offe , . os. , . at a land of the disc. AFR 2. 1960 - 100 12 344

MARYLAND STATE DEPARTMENT OF HEALTH

			MAKTLA	AND STATE DEPAKT	MENT OF HEALT	H	0.	
		04117	DIVISION OF VITAL RECORD	S, 301 W. PRESTON S	TREET, BALTIMORE	, MARYLAND 21201	0410	19
		17 A 175 JF 19		CERTIFICATE OF				
,	1 0	ECEASED-NAME Fit	rst Middle					
deoth		Type or print)		Last	20. D	ATE OF DEATH Manth Day	. V	2b. HOUR
		Type or print) BRUC	E HLB	ON HEAT	TER	3 /	Year 69	82301
	3. S	EX	4. RACE	5. DATE OF	BIRTH	6. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HRS.
		MALE	WHITE		12-1882	last birthday)		HOURS MIN
	70	BIRTHPLACE (State or foreign				86 YRS.		
	cou	ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER M	ARRIED 9. COUN	ITY OF DEATH		
		W. VA.	U. S. A		ORCED 14	ONTEOMER	11	Ma
	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR	INSTITUTION (If nat in hospital	I 12g. USUAL OCCUP	PATION (Kind of work dane	12b. KIND OF BU	LICINECC OP
1	-	TAKALLA PAR	give street oddress)	11		arking life, even if retired.)	INDUSTRY	DOUNESS OK
/	120	AKOMA PAR	WASH. SA	N. 4 HOSP.			rele	red
1	adm	ission) STATE	186 Onlinty			13e. STREET AND NUMBER		
6		Md.	VPRINCE GEORG	ESHDELPHI	YES NO	1814 METZE	Rott RA	
2	14.	FATHER'S NAME First	, Middle Last	1S. MOTHER'S	MAIDEN NAME First	Middle	7,165	Last
		BOST	11	AtER	1-1.	6 111	13	2031
	160	WAS DECEASED EVED IN HE A			KHIZA	betH	CAK	PER
	100.	. WAS DECEASED EVER IN U.S. A 'es, na, ar unknown) (If yes giv	RMED FORCES? 16b. SOCIAL SECURITION OF MOTOR OF MO	TY NO. 17. INFORMANT		Address		
		NO	St. Sparente	HOSPI	ITAL Nec	cords + 1	L.D.	
		18. CAUSE OF DEATH (Enter	only one cause per line for (o), (b), and	(0)			APPROXIMA	ATE INTERVAL
		PART 1. DEATH WAS CAU	SED BY:	Tio No.	0 To 1	0 °	BETWEEN ONS	SET AND DEATH
		41211 IMME	DIATE CAUSE (a)	And Ander	1	- VK		
		1107	DUE TO, OR AS A CONSEQUENCE				1000	
		Conditions, if any, which gav	() (b) Alanion	lanote Cin	dighasul	as I sease.		
		rise to immediate cause (a) stating the underlying cause	DUE TO, OR AS A CONSEQUENCE	OF .				2.0
		last.	(4)					
		DART 2 OTHER CICANELGANT C	ONDITIONS CONTRIBUTIONS TO DEATH BUT	MOT DELATED TO THE TOTAL				
		TAKE Z. UTTEK SIGNIFICANI (ONDITIONS CONTRIBUTING TO DEATH BUT	NOT KELATED TO THE TERMIN	NAL DISEASE OR CONDITION	N GIVEN IN PART 1(a)		
	NC.			THE LANGE				
-	CERTIFICATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AU	TOPSY?	20b. IF YES, WERE FINDINGS C	ONSIDERED IN CER	TIFYING
1	TIFIC			YES		CAUSES OF DEATH?		
	CER1	21o. ACCIDENT WAS UNDERLY	'ING 21b. TIME OF INJURY			- 6 1-1 - 1 - D - 4 1 D - 1 0	1. 101	
		OR CONTRIBUTING CAUSE OF DE	EATH HOUR A.M. Month Day Ye	ar Zit. HOW INJURY O	CORNED (Enter nature (of injury in Part 1 ar Part 2,	Irem 18.)	
	MEDICAL	(If either, notify medical exor	niner) P.M.	19				
	M	21d. INJURY OCCURRED 21	e. PLACE OF INJURY (AT HOME, FARM, STREET. OFFICE BUILDING, ETC.	FACTORY.) 21f. LOCATION Str	reet ar R.F.D. Na.	City or Tawn	County	State
		While Nat while at wark						
		220 certify that /I) (s	bis basaital) attended the decar	seed from 2 -	10 69	0 3 / 10	69 About	1) /) 1
	- 1	saw the deceased	this hospital) ottended the deceded alive on	19 and that in (mul (aum) aninian de	0	oz, mot (1) (we) lost
		causes stated above	ve, (I) (we) (did) (did not) view th	e hody ofter death	my) (oor) opmian de	earn occurred on the do	ore and haur ar	nd from the
		22b. SIGNATURE	· · · · · · · · · · · · · · · · · · ·	o body offer deoffi.				
		200 -	alt. alo V	L.D ATTEND	DING MED.	CTAFF -	DATE SIGNED	
		Morro	المحاصة	DEGREE PHYS.	DIRECTOR	U PHYS. U 3	-1-69	
1	-	22d. PHYSICIAN'S	+ A1+ 11	1 A 3 22e. Al		11 2-	1 5:4	wa.
		NAME (Type) / NOY	104 N/7 Schul	cr, M. J. 97	105-Now	Hang shire	Au so	ing /h
	230	BURIAL, CREMATION, 23b	DATE 23c. NAME C	OF CEMETERY OR CREMATORY	1 224 14	OCATION (City of Town)	(Count)	(Cross)
d	200.	REMOVAL (Specify)				OCATION (City or Town)	(County)	(Stote)
	7 (3 0 4 6		nghill,		/	Va.	
)	24.	FUNERAL DIRECTOR	Sons	22	2Sa. REC'D BY REGISTI	RAR 2Sb. REGISTRAR'S	SIGNATURE	
>	5]	seph Gawler's	Av., NW. Washingt	on, D.C.	DATE MAK O	1969 Alles	San San	
							V .	



MARYLAND STATE DEPARTMENT OF HEALTH



1 1	It	ems 18&22a Film 411 MARYLAND STATE DEPARTMENT OF HEALTH 24-69 ams division of vital records, 301 W. Preston Street, Baltimore, Maryland 21201	
FOR STATE		04119 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04111
HEALTH DEPT.		DECEASED-NAME First Middle Lost 20. DATE KNOWN Month (Type or Print) OF ESTI-	Doy Yeor 2b. HOUR
s o age		ROBERT LEON HERNDON DEATH MATED 3-	221969 4 3M
any deloy is 2, and 3 to PM3. Page	3. 9	lost birthday) MONTHS DAYS HOURS MIN. Month Day	Yeor 2d. HOUR
P. al	70	Male White 7-14-19 49 YRS. 3 BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED X NEVER MARRIED 9. COUNTY OF DEATH	2219 69 4:36
- E Q		D.C. USR WIDOWED DIVORCED Montgome	anne Mil
orth ages h fo h tote	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120, USUAL OCCUPATION (Kind of work done	12h KIND OF BUSINESS OR
rs ofter deoth any deloy is 18. Give Pages 1, 2, and 3 to e olong with form PM3. Page 2 with the Stote Department of death.		TakomaPark give street oddress) Wash. San. & Hosp. during most street working life ever if refired.)	INDUSTRY Dept. of In
s ofter 18. Give olong with 1		. USUAL RESIDENCE (Where deceosed lived, if institution: Residence pefore 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
18 o		. Mar. 1.4. Harthur 12 (41) 10th Ha	
thin 24 hours ofter death and in Item 18. Give Pages 1, mines office along with form pages 1 and 2 with the State Del hours offer death.	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Budd Herndon Grace Horton	Lost
in 24 cil in nec's ages	160.		
ithir amin		. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no grunknown) (If yes give WW day of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Mrs. Mildred Herndon - Wife	
DEPUTY DICAL EXAMINER: This certificate should be executed within 24 hours ofter deoth necessory, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages the funeral director. Page 4 should be forwarded to the Chief Medical Examiners Office along with for 5 may be retained for your files. 3 FUNERAL DIRECTOR: Page 3 should be used as buriof-transit permit. File pages 1 and 2 with the State Health prior to buriof, cremation, or removal, and in any event within 72 hours after death.		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ecute dico dico with		PART I. DEATH WAS CAUSED BY: Cardiorespiratory failure, Cardiorespiratory failure,	
exe endi f Me it pe ent		DUE TO, OR AS A CONSEQUENCE OF	
d be d "p Chie rrans		Conditions, if ony, which gove rise to immediate couse (a). (b) Etiology undetermined DUE TO, OR AS A CONSEQUENCE OF	
wor wor the riol-i		stoting the underlying couse DUE 10, OR AS A CONSEQUENCE OF	
the to to had in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
ficat fing rded os c	Z		
writ writ rwa novo	MEDICAL CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his ote, of the form	RIFE		YES NO
rtific	SALO	PRIMARY OR CONTRIBUTING HOUR A.M.	.tem 10.)
INE INE e ce shou files 3 shou atio	MEDI	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
ram e th e 4 rour oge crem	1	WHILE NOT WHILE foctory, office building, etc.)	
Try DICAL EXAMINER: ry, please execute the certilered director. Page 4 should be retained for your files. RAL DIRECTOR: Page 3 shou prior to buriol, cremation,		22a. I certify that Thak charge of the remains described above, held an Autapsy Inspection V, Inquiry	and in my apinian
lCA e ex tfor. tfor. bed f		death resulted fram Natural causes , Accident , Suicide , Homicide , Undefermined manner	X
directoring billing of the story of the stor		ACTUAL CHIEF MEDICAL EXAMINER C	
ry, perol be right prior		SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER CONTRACTOR OF VANISHING CONTRACTOR OF CONTRA	E SIGNED
o DEPUTY Dieseneessory, please the funeral direct S may be retained Front Please Health prior to b		NAME (Type) DEL DEN / LEAP M DADRESS STEP City, County)	41769
TO DEPUTY DICAL EXAM necessory, please execute the funeral director. Page 4 5 may be retoined for your TO FUNERAL DIRECTOR: Page Health prior to buriol, crem	23	BURIAL TREMATION. 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (Gity or Town)	(County) (State)
		BURIAL MAR. 25, 1969 GATE OF HEADEN WHEATON	My.
VR A15ME (5)		FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR.	
10M REV. 1/68	A.	who altarnel 4748 home, are Nh DMAR 2 6 1969 policy	les Judge

TATA SALES AND THE CONTRACT OF THE PARTY OF Clarification of the state of t THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER. Takinasiyat 1 1 Townshiban, hilani. Mant. 1 12 1 Townshiba 1 Townshiba AND MOST EVERY TO MOUNT OF THE PARTY OF THE STAN A SON COM BUSY LINE SEED OF The Market of the Land of the Land Hill Conference

V 1	I ten						PARTMENT O ON STREET, BA			ND 2120	01			
FOR STATE		1	14120				CERTIFICAT						04112	
HEALTH DEPT. □□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□□		ASED-NAME e or Print)	FILLE)	N	ELIZA		HINDM	AN	2	OF DEATH N	ESTI-	Month 3- 2	Day Year 25- 169	2b. HOUR 2:43
delay and 3 M3. Pa rtment	3. SEX	3.7	4. RACE W	5. DATE OF BIE		6. AGE (In year last birthday)	MONTHS DAY:		24 HRS 2	Manth	ONOUNCED I		Year 1969	2d. HOUR 2:43
hip 24 haurs after death any delay heil in Item 18. Give Pages 1, 2, and 3 ninters Office along with farm PM3. Papages 1 and 2 with the State Department hours after death.	country	THPLACE (State) DC		76. CITIZEN OF WH		W		IVORCED	Mon	tgome	ry			M
hours after death tem 18. Give Pages 1, Office along with farm 1 and 2 with the State De after death.	Tako	or town of ma Par	k, Md.	give	ashing t	on San	ON (If not in hospi & Hosp.		most of v	warking life	ind of work e, even if re	etired.)	12b. KIND OF BUS INDUSTRY Privat	
haurs after frem 18. Gi Office along and 2 with after death	odm	ission) STATE	Md .	ed lived, if institution 13b COUNTY P	ri. Geo		ttsville	YES 🔯 N	10 🗆 6	226	20th	Plac		
24 haurs in Item I in Item I is Office es I and 2 irs after	A.	rthur s	Decease	1 2. Bu	gden			Margu	uerit	ө		ten:	Dugaen E	aker
wit pe con le	(Yes	ng, or unknawr	R IN U.S. ARMED F	ORCES? war or dates of service)	578-10		17. INFORMANT	Im. J. K		an-62	ADDRESS 26-20		L. Hyati	spill
ate should be executed g the ward "pending" is ed to the Chief Medical s a burial-transit permit.	ri si lo	57/ anditions, if ar se to immedia toting the und	ny, which gave ate cause (a), derlying cause	(b)	AS A CONSEQUE	ENCE OF	orphosis						BETWEEN ONSET	ANO DEATH
nis inte, s fa	TIFICA	Oo. DATE OF OP			19b. CONDITION WAS PERF								2D. AUTOPS)	NO 🗆
2	DICAL	AUSE OF DEATH	CONTRIBUTING [HOUR A.	M.	19	21c. HOW INJURY	NEED!			SEXT.	Part 2, Ite		
		AT WORK A1	WHILE fac	PLACE OF INJURY (story, office building	ig, etc.)		21f. LOCATION Stre			City or	Tawn		County	State
necessary, please execute the funeral director. Page 4 5 may be retained far yaur TO FUNERAL DIRECTOR: Page Health priar ta burial, cren	23a. B		Ulted from: Color Color Color Color	Natural cause	23c. N/	AME OF CEMETE	A M.D.	Hamicid CHIEF MEDICAL ASSISTANT MED DEPUTY MEDICA ADDRESSESSIVES	EXAMINER ICAL EXAMINE	INER O	rmined m 2 (i) 3 (iity or fown 1 25h peg	22b. DATE S	GIGNED (Caunty) (S	9 tate)
VR A15ME (5)	Luc	rner E		rey, Inc			ing, Md.	DATE	R 1	1969	3 60	Liesse	les Judg	e.

	MI LOSMITATE INTEREST	THE WALL BROOK FOR CHEWALAS JASESSAS	o notice to the second
Y 2- 04- 10 2:			
		11-01-0	
	THE WAR TO SEE	SO THE STREET, SALES OF THE SALES OF	
	4.44	wee posta them	Telegan Tark, NJ.
1 e220 170th Trees 1 1 1		A. J. 1982 . 17 17	
estal balder autos, in cult	Maria San	P. Cumple	Lections with D
Marie 1226-2021 19. Marreys	all all postsoy	or her	
must as			
		-24	
Zo Zo			
10/1/22/2			
Company of the Compan			
Section of the sectio	no egro	and were the state of	Garage & Penney

	L		DIVICION OF VITAL DECOD	DS, 301 W. PRESTON STREET, BAL	TIMODE MADVIAND 21201	
//-		04121	DIVISION OF VITAL RECOR	CERTIFICATE OF DEATH	0 4	4113
deoth.		DECEASED-NAME First (Type or print) SARA	H F. Middle	HINES	20. DATE OF DEATH Month Mar. 26. 196	Yeor 2b. HOUR
the for	3. 5	Female	4. RACE Cauc.	S. DATE OF BIRTH NOV. 21, 1	6. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS. ONTHS DAYS HOURS MIN
24 hours of a lin by the pers. Pog 72 hours	CDU	Illinois	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Montgomery	Md.
be executed within 24 hou are completely filled in be remove carbon papers.		CITY OR TOWN OF DEATH Silver Sprin	g give street oddress) Carriage	Hill Nursing Hom	JAL OCCUPATION (Kind of work done nost of working life, even if retired.) e Retired	12b. KIND OF BUSINESS OR INDUSTRY
ecuted complete car	odn	Maryland	d lived, if institution: Residence bef	ore 13c. CITY OR TOWN 13d. INSIDE CITY Silver Spri	LIMITS? 13e. STREET AND NUMBER	ere Blvd.
or o	L	FATHER'S NAME First Frank M. Ll		Alice L	First Middle enore Nichols	Lost
ertificate physician nen pleoss toval, ond	160	WAS DECEASED EVER IN U.S. ARME Yes, no or unknown) (If yes give war	D FORCES? 16b. SOCIAL SECUR or dotes of service) 299-01-		nes Same as I	tem 13.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours ofter deoth be retoined by the hospital or attending physician. INECTOR: After this certificate hos been signed by the attending physician and completely filled in by the funeral established for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and with the State Dept. of Health prior to buriol, crematian, or removal, and in any event, within 72 hours after death		PART I. DEATH WAS CAUSED	E CAUSE (o)	ry occlusion		APPROXIMATE INTERVAL BETWEEN DISET AND DEATH 10 Ling must as
hat the n. yy the at onsit pe ematiar		Conditions, if only, which gove rise to immediate cause (a),	(b) A CONSEQUENCE (b) A CONSEQUENCE DUE TO, OR AS A CONSEQUENCE	clerke has	disease	years
N: The law requires the or attending physician. ote hos been signed by r use as the buriol-tron ealth prior to buriol, cre		stating the underlying couse last. PART 2. OTHER SIGNIFICANT COND	(c)	INOT BELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(a)	<u>l'</u>
nding p been si the b	VIION		DIDITION FOR WHICH OPERATION WA	los pulyonen	embali 20b. IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
4: The or atte hos the hos a calth pr	CERTIFICATION	21o. ACCIDENT WAS UNDERLYING		YES NO	CALICTE OF DEATING	
PHYSICIAN: The law re he hospital or attending this certificote hos been letached for use as the b Dept. of Health prior to	MEDICAL	OF CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine 21d. INJURY OCCURRED 21e. P	HOUR A.M. Month Doy Y	(eor 19 T, FACTORY.) 21f. LOCATION Street or R.F.D. No		County Stote
VG PHY / the h/ er this detac ate Dep		While Not while of work			/	
TENDII oned by ould be		causes stated above,	ve an (1) (we) (did) (did nat) view t	eased fram, 19_ , and that in (my) (our) ap the bady after death.	inian death accurred an the date	and haur and fram the
DIRECT DIRECT By 3 shilled with		22b. SIGNATURE	- /kge v		MED. STAFF 22c. DA	TE SIGNED 69
TO HOSPITAL OR ATTENDING PHYSICIAN Page 4 may be retoined by the hospital TO FUNERAL DIRECTOR: After this certifica director, page 3 should be detached for shauld be filed with the State Dept. of His		22d. PHYSICIAN'S / 9 Ja	on beger, p	a live		eine. MD.
TO HO Page TO FU direct			19-69 Rocl	of CEMETERY OR CREMATORY Creek Cemetery	23d. LOCATION (City or Town) Washington, D	
VR A15 (4) 45M - 1/69		FUNERAL DIRECTOR OBERT A. PUME	HREY, Betheso	ia, Maryland APR	BY REGISTRAR 25b. REGISTRAR'S SIN	

			12110
	Vertex Education (1.1. or 14)		
	the state of the same state		
	The expression of the		
	enus santa i dicentica		
		Total Til	
BL. THE			
STATE OF THE STATE	Could be a fire of the smooth at most the	State of the state of the	THE PERSON NAMED IN

1	1	04122	DIVISION OF VI	TAL RECORDS,	D STATE DEPART 301 W. PRESTON S CERTIFICATE O	STREET, BALTII		AND 21201	044	1 .
	1.0	ECEASED-NAME First		Middle	Last	r DEAIN	O. DATE OF DEA	TII	041	14
death.		Type or print) HERBE	CRT	F	HODGE	(JR)	2a. DATE OF DEA	Manth 4 Day	1989	2b. Hour 455 M
عَ الْحَادِ عَ الْحَادِ عَ الْحَادِ عَادِ الْحَادِ عَادِ الْحَادِ الْحَادِ الْحَادِ الْحَادِ الْحَادِ الْحَادِ	3. S	X	4. RACE		S. DATE OF	BIRTH	6.	AGE (In years		IF UNDER 24 HRS.
		MALE	WHIT	re	11	/11/23	lo	ost birthdoy) 45 YRS.	MONTHS DAYS	HOURS MIN.
in by Pers. P	7a. cau	BIRTHPLACE (State or foreign ntry) D . C .	7b. CITIZEN OF WHAT		8. MARRIED X NEVER A	MARRIED S	COUNTY OF DEA	NTGOMER	v	14.4
within 24 hours after ely filled in by the following papers. Pages 7 within 72 hours after		CITY OR TOWN OF DEATH SILVER SPRIM	11. NAMI	OF HOSPITAL OR ING	TITUTION (If nat in haspital	lan ugual	OCCUPATION AND	1 / 1 /	12b. KIND OF BUINDUSTRY	JSINESS OR
e exection within and campletely finance carbon in any event, with	130.	USUAL RESIDENCE (Where deceosission) STATE Md.	ed lived, if institution	Residence before	13c. CITY OR TOWN Sil.Spr.	13d. INSIDE CITY LIM	13e. STREET	AND NUMBER Dalevie		
be exel		FATHER'S NAME First Verbert 9. Hodg	Middle	Lost	1s. MOTHER'S	MAIDEN NAME Fir	st	Middle		Lost
rificate be hysician con please val, and ii	160	. WAS DECEASED EVER IN U.S. ARA		b. SOCIAL SECURITY A	IO. 17. INFORMANT	nn Hodge	814 Da	le Wiew. Spring.	Dr. Md.	
act Core Charling by Core of By Core of By Core of Cor		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE IMMEDIA	D BY: ATE CAUSE (a)		yocardial	infarc ero-sep		left	APPROXIMA BETWEEN ONS 5 D /	
and by the the physician. Signed by the burial, cremating the burial cremating t	100	Canditions, if any, which gave rise to immediate cause (a), stoting the underlying cause last.	(b) A 1	cteriosca consequence of	clerotic	Heart D	isease		740	1RS
Regiment of the state of the st		PART 2. OTHER SIGNIFICANT COI	OBES 174		OT RELATED TO THE TERMI	INAL DISEASE OR CO	NDITION GIVEN IN	PART 1(a)		
2(4/69 Control Ready) The law requires the ratending physician. The has been signed by use as the burial-trainalth priar to burial, cre	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH			UTOPSY?	20b. 1F YES, CAUSES OF	, WERE FINDINGS CO DEATH?	ONSIDERED IN CER	TIFYING
7 5	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN ☐ OR CONTRIBUTING ☐ CAUSE OF DEAT (If either, natify medical exami	HOUR A.M. P.M.	Month Day Yeor			nature af injury in	Part 1 ar Part 2, I	Item 18.)	
BLSTAN ING PHYSICIAN by the haspital fter this certifica be defached fail state Dept. af He	ME	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT OF		TORY.) 21f. LOCATION S		City or T		County	State
OR ATTENDING PH be retained by the h DIRECTOR: After this ge 3 shauld be detoc		220. I certify that (I) (the saw the deceased a causes stated abave	is haspital) ottend live an e, () (we) (did) (di	ded the deceose 3/4 l d nat) view the	ed from 8/09 967, and that in bady after death.	, 19 <u>5</u> (my) (aur) apin	7, to 3 ian death accu	orred an the da	69, that te and haur a	() (we) lost no fram the
O HOSPITAL OR ATTENE Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should should be filed with the	ľ	22b. SIGNATURE	nes a.		DEGREE PHYS.		D. ST RECTOR PH		DATE SIGNED ARCH 4	-,1969
10 HOSPITAL Page 4 may O FUNERAL director, pag shauld be fi			s A. Rob		1.D. 89			ve.,Sil		
TO HC Page TO FU direct	1	BURIAL, CREMATION, REMOVAL (Specify)	DATE 2969	Rock C	reek		Washing	pton, ".	(County)	(State)
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR Paul Varner E. Pumph	rey Inc.	8434 90	Spring Md.	25g. REC'D BY	7 1969	25h REGISTRAR'S	is Judge	

STILL STILL STATE

5-1 19345

THIL.

The second major that the second is never to

Emace to the Man Elexander State of the Control of

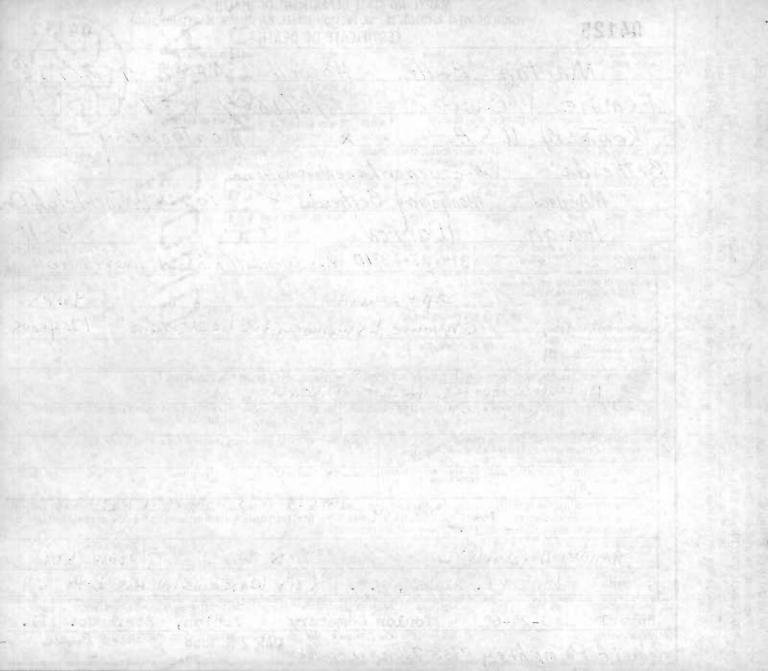
The section and the section, the section of the sec recipe structure of the structure of the

And more a line as the second

	1	MARTLAND STATE DEFARIMENT OF REALTH
	31	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04115
7		04123 CERTIFICATE OF DEATH
7 2 24		DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR
by he funeral and 2. Pages 1 and 2. Pages 1 and 2. Pages 1 and 2.		(Type or print) MIDELIA Day Years 520 M
er deat funeral	3. 9	1/1/1/1/1/ // ////// // ///// /5 196/ of m
fter e fu es l	3. 3	4. RACE 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 FEAR IF UNDER 24 HRS. I last birthdov) MONTHS OAYS HOURS MIN
s aft he ages rs aft	/	Male White Jul 11 1912 last birthdown MONTHS DAYS HOURS MIN
\$ 16 m		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MADDIED NEVED MADDIED 9. COUNTY OF DEATH
三(A # #	COL	his manch 1. C. A. WIDOWED DIVORCED MARKED MARKED
in 24 haurs	10	
vithin suthin suthin sun pour pour pour pour pour pour pour pour	C	CHY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of most interpretation of the state of the s
<u>*</u>	00	elner staring HOLY CROSS HOW RATE CIER & Swilhour Column
uted implet ve car	130	. USUAL RESIDENCE (Where deceosed lived if institution: Desidence before 13c, OTY OR) TOWN 13d, INSIGN ENVIRONMENTS? 13e, STREET AND NUMBER 13d, COUNTY OR) TOWN 13d, INSIGN ENVIRONMENTS?
se executed withing the completely find the completely with the completely find the co	PA	STRICT I COMMAN Washington YES NO 1500 Mass Hue NW
exe much much	2 14.	FATHER'S MAME First Middle , Lost IS MOTHER'S MAIDEN NAME First Middle . Lost
cidment co	5	LOUIS HAFMANN PIND THOLHEIMER
a sost	160	D. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address ACT TO SOCIAL SECURITY NO.
in Signature		Yes, no. or unknown) (If yes give war or states of service)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral jet 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages I and it is defined by the detached for use as the burial-transit permit. Then please remove within 2-transit death ed with the State Dept. and in any event, within 2-transit death early within 2-transit death.		7ES WWIL 062-10-3121 ERHST HOFMANN PL, SIL, SPE, MD
at the death cer the attending p nsit permit. The		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
ip in	100	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac Arrest
of de		4109 DUE TO, OR AS A CONSEQUENCE OF
t p t		Conditions, if any, which gove
to the state of th		rise to immediate course (a). (b)
tra by		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that th physician. signed by the burial-transit p		last. (c)
phy sign burner	6	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
IAN: The law re tall ar attending ficate has been of for use as the leafth prior to be and the leafth prior to be as the leafth brior to be as the l	z	
lay indi	ATIO	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
he he atte		YES NO CAUSES OF DEATH?
F. T.	CERTIFICATION	21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 1B.)
A Portion He		
SIC SPITE PARTY OF THE PARTY OF	MEDICAL	(If either, natify medical examiner) P.M. 19
PHYSICIAN: The law re the haspital or attending this certificate has been letached for use as the support of the lates of the support of the letached for the support of the letached for the support of the letached for the support of the lates the	2	21d. INJURY OCCURRED While Nat while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town Caunty State
OR ATTENDING PHYSICIAL be retained by the haspital SIRECTOR: After this certificate 3 should be detached foed with the State Dept. of the		ot work of work
ING by t ter ter tate		22a. I certify that (1) (this haspital) attended the deceased fram 3-5, 19-64, ta 3-15, 19-64, that (1) (we) last
AAAAAAA		saw the decreed glive an 19/0 and that in my laur) applican death occurred an the date and hours and from the
a the Selection of the		causes stated abave (1) (we) (did) (did nat) view the body after death.
A to the state of		22b. SIGNATURE 22c. DATE SIGNED 22c. DATE SIGNED
OR OR		Phonis On A DEGREE ATTENDING PHYS. DIRECTOR DIRE
A ≥ 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	,	22d. PHYSICIAN'S 22e. ADDRESS
RA Be	/	NAME (Type) MORRIS PERRY, M.D. 1/602-GEORGIA, AUE. SIL, SPE-MD.
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be of	220	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) . (Caunty) (Stote)
A go age	230	BEMOVEL SPORTINE 3/16/69 BYAI SRAFL CEM. DYON HILL MP.
5-5-7	1 0	FUNERAL DIRECTOR ADDRESS 48, 7-9 250. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE
VR A 15 VI	A 1	LDBERG FUNERAL HOME ST. Holls DAMAR 18 1969
	10 1	A DICTIVITY TANGENDI CAME AND CIALLANAMAN 10 1000

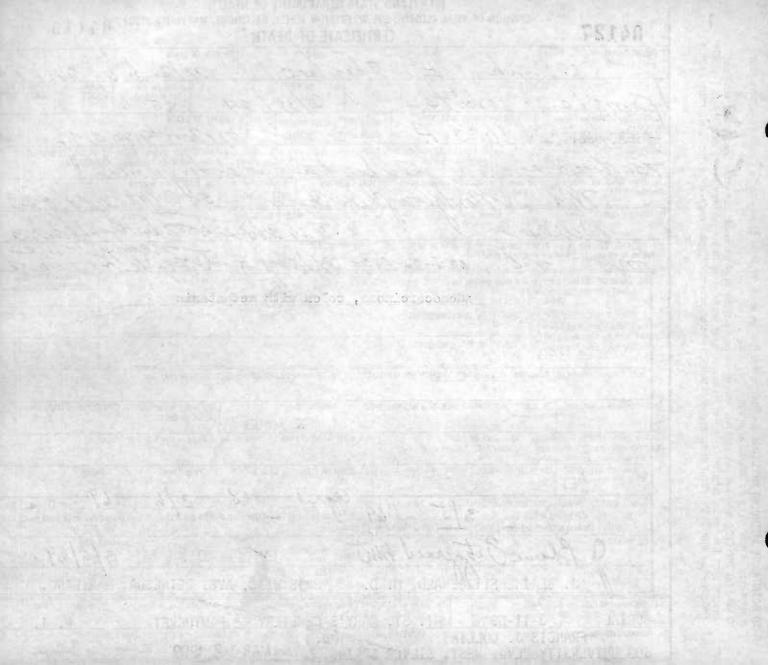
ESTAN THE PARTY OF THE THE STATE OF T 1011.10 July 1922 55 Showard Time In the mount tilen Shines Holy Cras Her Pate Clerk Sithent VISTORT Helder dieter Medication X - LEW Mars Hill I in A CONTRACT OF THE PROPERTY OF Sales of the second of the sec CONTROL OF THE STATE OF THE STA The Control of the Co

MAKILAND STATE DEPARTMENT OF MEALTH



	Verify private and residual temperature (C. 10) and the series of securing (C. 11) and the	
	Hores and the second	
		n3a'e
		of rode
	to some state of the second state of the secon	
Me and a me		
10 10		
* A _		
	ož nima engovazava ežana z pro-	
	Thereof the control of the control o	t y
	no para le recontrat de la composit de la composita della composita della composita della composita della composita della composita della composita del	

		MARILAND STATE DEPARTMENT OF HEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 O. 4. 1. 1.
		04127 CERTIFICATE OF DEATH
- 2	1 0	COLORD WARE
death. neral and 2 death.		Type or print) 2a. DATE OF DEATH 2b. HOUR 2b. HOUR
after death he funeral gas 1 and 2 after death		Saran E. Apeques March to 1919 10 FN
hours after	3. 5	
		Comple le Whete 2/18/54 last birthday) YPS MONTHS DAYS HOURS MIN
_ H	71	1/0/0/ 60 INJ
24 hours	Lou	MANNIED METER MANNIED
open n 72		ASSACHUSETTES Les de 1/2 WIDOWED DIVORCED Montgomerel Md
within 24 within 7	10.	CITY OR TOWN OF MATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of Jork done 12b. KIND OF BUSINESS OR
(三 1 > * 5 /)	1	Bettees of a give street address) July during most of working life, even if retired. INDUSTRY
	13a.	USUAL RESIDENCE (Where decepsed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY EIMITS? 13e. STREET AND NUMBER
ate be executed ician and camplet lease remaye can and in any event.	adm	issian) STATE 136 COUNTY - Le rome Minimul YET NOT 5-117-117 14 50
e execut and cam remave n any ev	14	1110 - Offerney released to the war with the
and rem	14.	FATHER'S NAME First Middle Last MOTHER'S MAIDEN NAME First Middle Lost
be be		Carah Llis a bette Stalling
ate lea an		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT
iffic al, p		(es, na, or unknown) (Il yes give war or doles of service) 035-32-0153 March I. A September 185 Thomas
e death certificate b attending physician permit. Then please an, ar remaval, and i		
in i		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:
ne death attendi permit. ian, ar r		IMMEDIATE (AUSE (a) Adenocarcinoma, colon with metastasis
aft and		150 Due to, or as a consequence of
it the sit p		Canditions, if any, which gave)
or o		rise to immediate cause (a), (b)
# Signal		stating the underlying couse DUE 10, OR AS A CONSEQUENCE OF
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and cample e 3 should be detached far use as the burial-transit permit. Then please remave cated with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event		
ph p	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
ding ding the the tra	z	[2] [1] [1] [1] [1] [1] [1] [1] [1] [1] [1
The Taw ratending has been se as the h priar ta	ATIC	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
he and he	E	YES [X] NO [] CAUSES OF DEATH?
: The sar at the hot use alth	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)
JAN al a al a firat far Hec		OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year
Dia tipe	MEDICAL	(If either, notify medical examiner) P.M. 19
OR ATTENDING PHYSICIAN: be retained by the hospital ar DIRECTOR: After this certificate e 3 should be detached far u ed with the State Dept. af Heal	E	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, EARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote
Phe this this De		While Nat while at work at work
by the free be described by the description of the		22a. I certify that (1) (this hospital) attended the deceased from 1961, to 3/6, 1961, that (1) (wee) lost
NDI od b od b d b d b		saw the deceased alive an 1969, and that in (my) (our) opinion death occurred on the date and haur and from the
OR ATTENI be retained DIRECTOR: A ge 3 should ed with the		causes stated above, (I) (we) (did) (did not) view the bady after death.
ATTER etaine CTOR: shoull	10	22b. SIGNATURE) 22c. DATE SIGNED
H W BE L		ATTENDING TO MED. TO STAFF TO
TAL O nay be AL DII page e filed		
May po be f		
Page 4 may be retained by the hospital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us should be filed with the State Dept. af Healt		O. BEATRE FIREGURALD, M. D. OZTO WIGG. AVE. BETTESDA, MARTEAND.
FU.	23a.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5g 0 9 2		BURYTASectify) 3-11-69 MT. ST. MARY'S CEMETERY PAWTUCKET R. I.
	24.	FUNERAL DIRECTOR EDANCES 1 COLLING ADDRESS MAD 25g, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE
VR A15 (4) 45M - 1/69		
., 07		500 UNIVERSITY BLVD. WEST, SILVER SPRING, DATE MAR 1 2 1969



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04128 04120 CERTIFICATE OF DEATH DECEASED-NAME First Middle 20. DATE OF DEATH death. 2b. HOUR (Type ar print) Month Doy ve carban papers. Pages t event, within 72 hours after 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years' IF UNDER I YEAR lest bishday) MONTHS DAYS HOURS requires that the death certificate be executed within 24 hours 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH = Richmond, Virginia WIDOWED TO DIVORCED [filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done. 12b. KIND OF BUSINESS OR give street address remave carban during mast al warking lile, even il retired) INDUSTRY Housewife 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admissian) STATE 13b. COUNTY YES X NO and in any 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First attending physician and permit. Then please rem Lost Joseph Ellington Martha Flourney 17. INFORMANT

Francis C. Hyman-222 Blandford St., 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, wp. or unknown) (If yes give war or dates of service) signed by the attending physi burial-transit permit. Then pl burial, cremation, ar remaval, 212-52-1579T APPROXIMATE INTERVA 1B. CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave) rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) has been ed far use as the af Health priar to PHYSICIAN: The law 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [NO F TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark OR ATTENDING 22a. I certify that (1) (this haspital) attended the deceased from 2.2 saw the deceased alive an_ , and that in (my) (our) opinian death occurred an the date and hour and fram the be retained causes stated abave, (1) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED director, page 3 shauld be filed v DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS James W. Egan NAME (Type 23a. BURIAL, CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) 3/19/69 George Washington Memorial Prince George Co. Md. Tyson Wheeler Funeral Home-1331 Rockville Pike 25b, REGISTRAR'S, SIGNATURE Rockville Md.

ESLAN

Bichard, Washing

morris Horse

Particle affile

stituision seems

212-32-15797 Francis C. Hymnn-222 it adverd it.,

month of donne

Burtlel Mileyes Cashington Constant Prince Course Co., Md. Tymbo Baccier Fancial Home-1351 Kockwille Pike . by attivisalt.

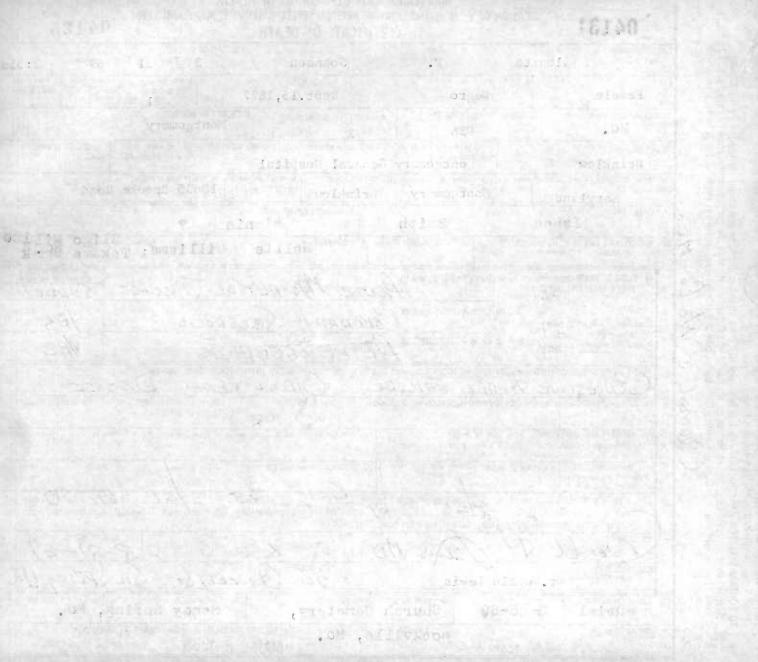
7		MARYLAND STATE DEPARTMENT OF HEALTH	
3		04130 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	04121
death.*	and 2 and 2 death.	1. DECEASED-NAME (Type or print) Edward B. Inwin 20. DATE OF DEATH Month Por	Year 2b. Hour
affer	in by the funeral ers. Pages 1 and haurs after death	3. SEX A. RACE White S. DATE OF BIRTH Output S. DATE OF BIRTH Output Ou	INDER I YEAR IF UNDER 24 HRS.
haurs	i S	70. BIRTHPLACE (State or foreign country) Victor, Iowa USA 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWEL DIVORCED DIVORCED DIVORCED DIVORCED	
ithin 24	a de	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work dane 11)	2b. KIND OF BUSINESS OR NDUSTRY
executed within 24 haurs after death.	and completely fitted remain any event, within 7	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN and Institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY UMITS? 13e. STREET AND NUMBER 123/7 Charles	Rel.
exe	PER	14. FATHER'S NAME First Middle Last / 15. MOTHER'S MAIDEN NAME First Middle	Last
pe	in g	Edwin Irwin Unknown	
tificate	physician a nen please ioval, and ir	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes no or unknown) WW 11 16b. SOCIAL SECURITY NO. 478-05-1851 Judith A. Irwin- Item # 13	
requires that the death certificate	DE E	1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caralovascular collapse	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the a	physician. signed by the attendii burial-transit permit. burial, crematian, ar re	Canditions, if any, which gave rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Jailure (b) Supported Jailure	
Jires th	ysician Ined by rial-tra rial, cre	stating the underlying cause of lever (c) Charles Hes of lever	
w requ	ing ph een sig the bu rtabu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
The la	aftence has buse as as as as Africa A	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIL	
ICIAN:	he haspital ar attending this certificate has been letached far use as the b Dept. af Health prior ta	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH	18.)
PHYS	the has this ce detache e Dept.	21d. INJURY OCCURRED While Nat while at work a	ounty State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the	Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be deshauld be filed with the State	22a. I certify that ((1) this hospital), attended the deceased from the deceased from saw the deceased olive on 1907, and that in (my) (our) opinion death occurred on the date of causes stated above, (1) (we) (did) (did not) view the body ofter death.	7, tha (1) (we) last and hour and from the
OR AT	be reta DIRECTO ge 3 shottled with	226. SIGNATURE ASSESSMENT OF STAFF OF	SIGNED 69
SPITAL	4 may NERAL tar, pa	22d. PHYSICIAN REFLYMANTIANT 22e. ADDRESS 25 Rocky ye RI	Key mil
TO HC	Page To FU direc	230. BURIAL (REMATION, BRANCHAI Specify) 230. NAME OF CEMETERY OR CREMATORY BUTTAL Specify 3/20/69 Baltimore National Raltimore, Md.	conflicted Colored Col
	VR A1 145M -	Tyson wheeler Funeral Home-1331 Rockville Pike Rockville, Md. 250. REGISTRAR'S SIGN DAY AR 2 1 969 250. REGISTRAR'S SIGN ROCKVILLE, Md.	AFURE

		PERMIT TO SAN	02130
The same			
		ASU	Victor, form
	and the state of t		
	relea (c)		niwir niebs
		Les 2 Les d'A	fl at sad
		77	
	more Markenal Haltmon, No bekville Pize		Tyron threlat Functa

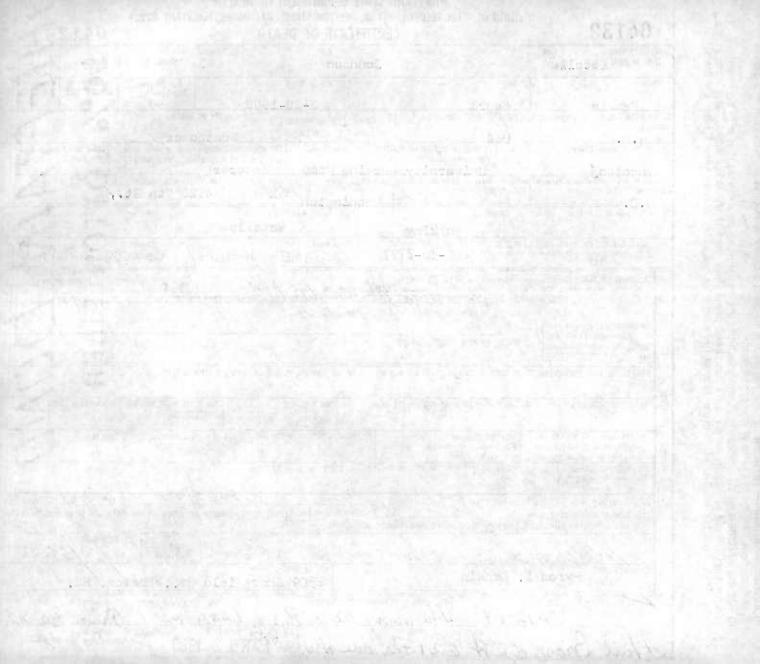
MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04122 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN X Month (Type or Print) ESTI-Page DEATH MATED S. DATE OF BIRTH AGE (In years IF LINDER 24 HRS 3. SEX 4. RACE 2c. DATE PRONOUNCED DEAD and PM3 YRS MARRIED NEVER MARRIED 70. BIRTHPLACE (Stote or Arreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH DIVORCED [WIDOWED [th the State 120. USUAL OCCUPATION (Kippe of work done 12b. KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital after death give street oddress) during most of working life, even of retired.) Give albringe 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER odmission) STATE 13b. COUNTY YES 🗀 NO T l and 2 tem after 4 shauld be farwarded to the Chief Medical Examiner's Office Middle 14. FATHER'S NAME Last 15. MOTHER'S MAIDEN NAME First hours .= pages pencil 76b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS OSC (Yes, no. or unknown) Mather aces Jary File within 72 .= APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY "pending" IMMEDIATE CAUSE (a) Massive hemorrhage, lung and mediastimum 2 Km. DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Knife wound of neck (left side) rise to immediate couse (a). dny certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) D remayal, nsed 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? please execute the certificate. YES TO NO 🗔 pe 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 should PRIMARY X OR CONTRIBUTING HOUR ATM cremation, CAUSE OF DEATH 21e. PLACE OF INJURY (At home, form, street, 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No City of Town County Stote WHILE AT WORK AT WORK foctory, office building, etc.) Klopfgom. Page 22a. I certify that I taak charge of the remains described above, held an Autopsy X Inquiry X Inspection X and in my apinian director. death resulted fram: Natural causes Accident Suicide [Hamicide X Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER funeral SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** TO FUNE Health ADDRESS(Street, city, town, or county) NAME (Type) the 23o. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) 25b. REGISTRAR'S SIGNATURE VR A15ME (5)

AT A SECTION TO SECTION DISCUSTING THE PARTY OF THE PARTY THE RELEASE AND RESIDENCE THE TOTAL OF THE RESIDENCE OF THE PARTY OF THE PARTY. 02120 more than the contract of the (t t i) THE RESERVE OF THE PARTY OF THE

			04131	DIVISION OF	· ·		ATE OF DEAT		ARYLAND 21201	0412	5
death.			CEASED-NAME First ype or print) Albo	rta	Middle P.		last Johnson	2a. DATE C	3 Month 21 Day	69 ^{Year}	2b. HOUR 2:55ma
icate be executed within 24 hours after death. siscion and completely filled in by the funeral please remave carban papers. Pages 1 and 21, and in any event, within 72 hours after death.		3. SE	Y Female	4. RACE	gro		S. DATE OF BIRTH Sept.15,1	877	6. AGE (In years last birthdoy)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
4 hour ju by poers. P	1	70. B	IRTHPLACE (Stote or foreign try) Md.	7b. CITIZEN OF WH	USA	8. MARRIED [WIDOWED	NEVER MARRIED DIVORCED	9. COUNTY C	of DEATH .		Md.
within 2	19		Brinklow	give s		Gener	al Hospita	a most of working		12b. KIND OF E INDUSTRY	BUSINESS OR
amplet event,	15	13a. admi	USUAL RESIDENCE (Where deceos ssian) STATE Maryland	led lived, if institution 13b. COUNTY10	an: Residence before ntgomery		TOWN 13d. INSIDE OF	NO 13e. 1	TREET AND NUMBER	Road	
th certificate be executed ving physician and camplers remaye cart removal, and in any event,	Ex	14. F	ATHER'S NAME First Isaa	Middle C	Sm ith			nnie	Middle ?		Last
ertificate by	M	16o. Y	WAS DECEASED EVER IN U.S. ARA es, no, or unknown) (If yes give w	MED FORCES? vor or dates of service)	16b. SOCIAL SECURITY I	NO. 17. II	NFORMANT Halli	e Wi	1 4 0 100 0	sligo akoma	Park Mo
nding p it. The	Co		18. CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSED IMMEDIA	ly ane cause per lin	ne far (a), (b), and (c).	HOUTE	= Myoen	e DIAL	DISEASE	BETWEEN ON	NATE INTERVAL HSET AND GEATH
at the death cer	20		Conditions, if any, which gove	DUE TO, OR A	S A CONSEQUENCE OF	CoRo.		CLERO	\$15	40	25
equires that the dea physician. signed by the attenc burial-transit permit burial, crematian, ar	la.		rise to immediate cause (a), stoting the underlying couse lost.	DUE TO, OR A	S A CONSEQUENCE OF	APT	ZEIOSCE	ERCS IS	S	VE	2S
requing physical signs of the purice purice to burie	07	7	PART 2 OTHER SIGNIFICANT CON ON 4ESTIVE	~//	TING TO DEATH BUT NOT FAIL U	OT RELATED TO		OR CONDITION, GIV	EN IN PART I(a)	EASE	
The law re attending has been se as the l	20	CERTIFICATION			ICH OPERATION WAS PE	RFORMED	20a. AUTOPSY? YES NO		IF YES, WERE FINDINGS CO ES OF DEATH?		RTIFYING
CIAN: 1 ital ar ifficate I for us	Sol .	MEDICAL CER	21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examination)	HOUR A.M.	INJURY Manth Day Year				iury in Part 1 ar Part 2, I	tem 18.)	
PHYSI ne hosp this cert etachec		ME	21d. INJURY OCCURRED 21e. While Not while at wark of wark	PLACE OF INJURY			CATION Street or R.F.D	. No. Ci	y or Town	County	State
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the hospital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physiciar director, page 3 shauld be detached for use as the burial-transit permit. Then pleas should be filed with the State Dept. of Health, priar to burial, crematian, or removal, and			22a. I certify that (1) (the saw the deceased a cay es stated above	is haspital) atte	ended the decease	ed from_ 9 6 7, and	that in (aur)	9 <u>63</u> , ta_ ap i nian death	3 /2/ , 19 accurred an the da	69 , that te and haur	(IV) (we) last and fram the
RECTOR 3 shau	1	(22b. SICANTURE Omald		Topos I	D DEGR	ATTENDING -		22c. 1	DATE SIGNED	69.
PITAL C may by ERAL DI			22d. PHYSICIAN'S	Donald L	ewis		22e. ADDRESS	DOVERLY	157. SIL	SPEIL	9 Md
TO HOSPITAL OR ATTENDING Page 4 may be retained by t TO FUNERAL DIRECTOR: After director, page 3 should be of should be filed with the State		23a.	BURIAL CREMATION 23b. REMOVAUSPOINA 2	DATE 25-69	23c. NAME OF Churc	cemetery or cen	crematory netery,	23d. LOCAT	ndy Sprin	(Caunty)	(Stote)
VR AT	A.R.	24.	FUNERAL DIRECTOR A	uoude	Rocky	ille,	Md . 250. REC	R 2 8 15	25b. REGISTRAR'S	SIGNATURE	pe,

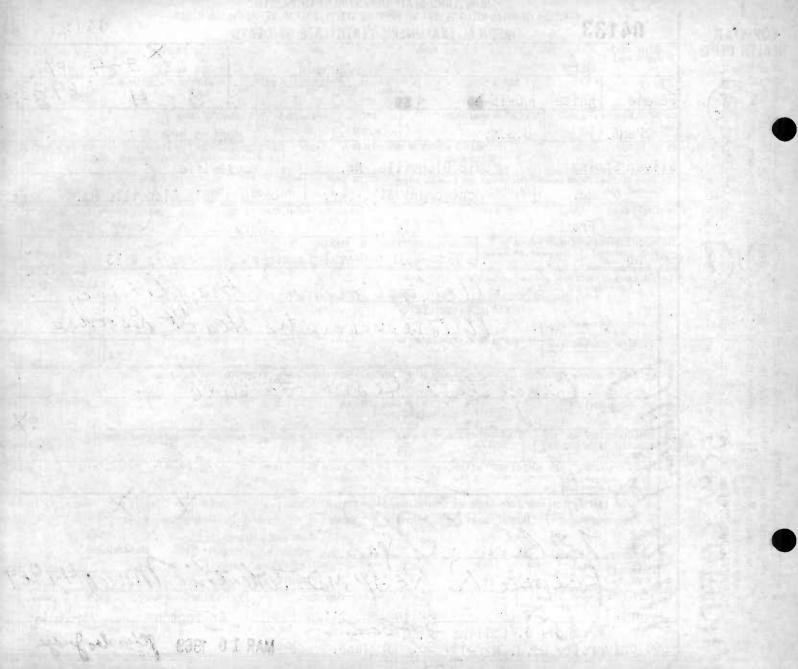


1	04132	IVISION OF VITAL RECORDS, 3	BOT W. PRESTON STREET, BA ERTIFICATE OF DEAT	ALTIMORE, MARYLAND 21201	04126
1.	DECEASED-NAME First (Type or print) Estelle	Middle	Johnson Lost	2a. DATE OF DEATH 3 Month 8 Doy	69 Year 25. HOUR 2:45 AM
7o.	Female BIRTHPLACE (Stote or foreign 7bintry)		S. DATE OF BIRTH 3-20-15 8. MARRIED X NEVER MARRIED	9. COUNTY OF DEATH	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS QAYS HOURS MIN.
130	CITY OR TOWN OF DEATH Wheaton USUAL RESIDENCE (Where deceosed ission) STATE	11. NAME OF HOSPITAL OR INST give street address) Liniversity N lived if institution: Residence before 130. COUNTY	durin	USUAL OCCUPATION (Kind of work done g most of working life, even if retired.) aterer INT LIMITS? 13e. STREET AND NUMBER NO 4928 7th St.	12b. KIND OF BUSINESS OR INDUSTRY
14.	FATHER'S NAME First	Middle Lost Burkley	15. MOTHER'S MAIDEN NAM	AE First Middle	Lost
16	Yes, no, or unknown) (If yes give war or	FORCES? 16b. SOCIAL SECURITY NO	7 17. INFORMANT NR. JAMES	JOHNSON HANDE 492	18 7th Str. N.W. D.C.
2	Conditions, if any, which gave rise to immediate couse (a), stating the underlying cause	cone cause per line for (a), (b), and (c).) Y: CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) TIONS CONTRIBUTING TO DEATH BUT NOT	m etastroy		APPROXIMATE INTERVAL BETWEEN ONSET AND OCATH
CFRTIFICATION		NDITION FOR WHICH OPERATION WAS PERF		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
MEDICAL CES	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical exominer)	21b. TIME OF INJURY HOUR A.M. Manth Doy Year P.M. 19		Enter nature af injury in Part 1 ar Port 2, I	tem 18.)
W	21d. INJURY OCCURRED 21e. PU While 1 Nat while 1 at work 22a. I certify that (I) (this	haspital) attended the deceased an 19 (we) (did (did no)) view the billion of the deceased and the deceased and the deceased and the did no).	d from // , 1 2; and that in (my) (aur) ady after death. DEGREE PHYS. 22e. ADDRESS	9 <u>6</u> , to <u>3</u> /3, 19 apinion death occurred on the do	DATE SURVED
	REMOVAL (Specify) FUNERAL DIRECTOR		emetery or crematory once Mone Parl	23d. LOCATION (City ar Town) LANDOUR D BY REGISTRAR 25b. REGISTRAR'S	Prince Leo Med
	Hall Brow.	. /	a au NW DATE N		res Judge



HEALTH DEPT. SO CONTROLLED AND SOURCE DEPT. SO CONTROLLED AN	FOR STATE	n	4133 DIVISIO		1 W. PRESTON STREET, BA		LAND 21201	04127
Companies Comp						OF DEATH	20 DATE KNOWN Mor	
3. SEX Female White 6-15-13 SEX Female White 6		(Type or P	marv Marv	Α.	Johnson	n	OF ESTI-	
TO STATE OF THE PLACE (State or Oriology) TO STATE OF THE PLACE OF		3. SEX		,	6. AGE (In years IF UNDER 1 YEAR	IF UNDER 24 HRS.		2d. HOUR
The definition of the property	A Manda				55 YRS.		Motor - Zay	Year 9 7 3 30 M
TOTAL THE STANDARD OF THE TOTAL STANDARD OF THE THE THE THE TOTAL STANDARD OF THE		7o. BIRTHPLA	CE (Stote or foreign				JNTY OF DEATH	
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	for for	Pe	nn.			- 111	ontgomery	Md.
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	Page Page North with with with with with with with wi					during most o	f working life, even if retired	d.) INDUSTRY
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	Give Give ong th th	13a, USUAL R	ESIDENCE (Where dece	sed lived, if institution: Residence	e before 13c, CITY OR TOWN	13d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER	
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	s af 18. e alc deo	admission)	STATE Md.	13b. COUNTY Montgom	ery Sil. Spr.	YES 🔀 NO 🗌	8818 Glenvi	lle Rd.
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	ond ond	14. FATHER'S		Middle	Lost 15. MOTHER'S M			
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	24 l in li					Mary		
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	thin mine	(Yes, no, or	unknown) (If yes give	1 1		Vincou		10
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	Exore Exore					a Kinsey	Same as #	APPROXIMATE INTERVAL
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	uted icol intimit		ART I. DEATH WAS CAUS	ED BY:	and (c).)	nr.	noullis	BETWEEN ONSET AND DEATH
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	exec ndin Med per per	4	123 IMMED		JENCE OF	1	(ATE A	1
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	be "pe hief ansit			1 (b) //rte	reosclera	this H	ear th	esedse
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	vord vord ne Cl ol-tr	stating		DUE TO, OR AS A CONSEOU	JENCE OF			
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	she whe was to the buri	- 10) (c)				
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	icote ng tl ded as o as o	PART 2.	OTHER SIGNIFICANT CON	-	BUT NOT RELATED TO THE TERMINAL	DISEASE OR CONDITION	ON GIVEN IN PART I(o)	
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	writi worn worn sed ovol	19a. DA	TE OF OPERATION	19b. CONDITIO		Jaca	NCE	20. AUTOPSY?
PRIMARY GR CONTRIBUTING HOUR AM. 19 PRIMARY ROCKURRED 21e. PLACE OF INJURY (At home, farm, street, factory, affice building, etc.) 22a. I certify that I taak charge af the remains described above, field an Autapsy Indicated an Autapsy Indicated Indicat	far far rem	TIFIC		WAS PER	FORMED?			YES NO NO
WHILE NOT WHILE	4 _ 0				Doy, Year 21c. HOW INSURY	OCCURRED (Enter natu	re of injury in Part 1 or Port	2, Item 18.)
WHILE NOT WHILE	NER: cert houl houl liles. sho	CAUSE	OF DEATH	P.M.				
EXAMINER'S RECISTRAR'S SIGNATURE EXAMINER'S NAME (Type) BELDEN 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 231. DATE 232. NAME OF CEMETRY OR CREMATORY 232. NAME OF CEMETRY OR CREMATORY 233. LOCATION (City or Town) (County) (Shote) 24. FUNERAL DIRECTOR PRANCIS. 1. Collins. 2.1000 Collins. 2		WHILE	NOT WHILE T		STREET, ZIT. LOCATION STREET	er ar K.F.D. No.	City or Town	County State
EXAMINER'S RECISTRAR'S SIGNATURE EXAMINER'S NAME (Type) BELDEN 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 231. DATE 232. NAME OF CEMETRY OR CREMATORY 232. NAME OF CEMETRY OR CREMATORY 233. LOCATION (City or Town) (County) (Shote) 24. FUNERAL DIRECTOR PRANCIS. 1. Collins. 2.1000 Collins. 2	EX.			tank charge of the remains	described above had an Au	tanay 🗍 Ind	enection \ Inquiry	And in my aninian
EXAMINER'S RECISTRAR'S SIGNATURE EXAMINER'S NAME (Type) BELDEN 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 231. DATE 232. NAME OF CEMETRY OR CREMATORY 232. NAME OF CEMETRY OR CREMATORY 233. LOCATION (City or Town) (County) (Shote) 24. FUNERAL DIRECTOR PRANCIS. 1. Collins. 2.1000 Collins. 2	CAL exe or. F or for CTOR					- Company		
EXAMINER'S RECISTRAR'S SIGNATURE EXAMINER'S NAME (Type) BELDEN 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 231. DATE 232. NAME OF CEMETRY OR CREMATORY 232. NAME OF CEMETRY OR CREMATORY 233. LOCATION (City or Town) (County) (Shote) 24. FUNERAL DIRECTOR PRANCIS. 1. Collins. 2.1000 Collins. 2	Bose irrect daine daine to		4 0	111				
EXAMINER'S RECISTRAR'S SIGNATURE EXAMINER'S NAME (Type) BELDEN 230. BURIAL, CREMATION, REMOVAL (Specify) Burial 231. DATE 232. NAME OF CEMETRY OR CREMATORY 232. NAME OF CEMETRY OR CREMATORY 233. LOCATION (City or Town) (County) (Shote) 24. FUNERAL DIRECTOR PRANCIS. 1. Collins. 2.1000 Collins. 2	ol de rei			(den)	1 100 00 10			ATE SIGNED
230. BURIAL CREMATION, REMOVAL (Specify) BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETRY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Arlington National Arlington Virginia 24. FUNERAL DIRECTOR PRANCIS. 1 Collins Arms (25c. REC'D BY REGISTRAR 25c. REGISTRAR'S SIGNATURE)				· · ·	Dolars	PUTY MEDICAL EXAMI	INERAL PA	112.14.1969
REMOVAL (Specify) Burial 3-6-69 Arlington National Arlington Virginia 24. FUNERAL DIRECTOR PRANCIS. 1. Collins Arlington 25. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	The fine feet			DEN /				VICE 1101
24. FUNERAL DIRECTOR- PRANCIS 1 COllins 7. MORE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE	7	REMOV	At (Specify)	the state of the s				(****)
				s.l. Collins	Mollin		GISTRAR 2Sb. REGISTRA	AR'S SIGNATURE
VR A15ME (5) 10M REV. 1/68 500 University Blvd. W. Sil. Sp. Maryland/ DATE MAR 10 1969 Charles Julye	VR A15ME (5) 10M REV. 1/68	500 U	niversity	Blvd. W. Sil. S	Maryland/	DATE MAR 1	0 1969 200	arles Judge

MAKTLAND STATE DEPARTMENT OF HEALTH



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04128 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE 1. DECEASED-NAME First 20. DATE KNOWN Month Yeor 2b. HOUR (Type ar Print) OF ESTI-195 rain DEATH MATED IF UNDER 24 HRS 3. SEX 4. RACE DATE OF BIRTH IF UNDER 1 YEAR 2c. DATE PRONOUNCED DEAD 2d. HOUR and HDURS 6 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED [Give Pages the State 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in happing) | 12a. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY. death. 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 24 hours tem] and 2 after 14. FATHER'S NAME **First** Middle Lost IS. MOTHER'S MAIDEN NAME First Middle TOHNSTON 2 pages haurs 17. INFORMANT ARMED FORCES? ADDRESS pencil be executed within (Yes, ng, or unknown) (If yes give war or dates of service) File = 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: pending IMMEDIATE CAUSE (a) MyoCardial Infarc 12 hrs Conditions, if any, which gave therosclevosis rollary rise to immediate cause (o), This certificate shauld writing the ward DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 remaval nsed 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES X please execute the certificate, NO T pe 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 3 shauld 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) HOUR A.M. PRIMARY OR CONTRIBUTING CAL EXAMINER: crematian, CAUSE OF DEATH P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, office building, etc.) NOT WHILE 22a. I certify that I taak charge af the remains described above, held an Autopsy 🔀, Inspection X Inquiry [X], ond in my opinion be retained death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE DEPUTY MEDICAL EXAMINER 5 may 8 **EXAMINER'S** ADDRESS(Street, city, tawn, ar caunty) NAME (Type) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Burial (Specify) 3-18-1969 Arlington National ArlingtonCounty, Virginia 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Joseph Gawler's Sons, Inc., 5130 Wisc. Ave. VR A15ME [5] N.W. Wash. D.C. 20016 1DM REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

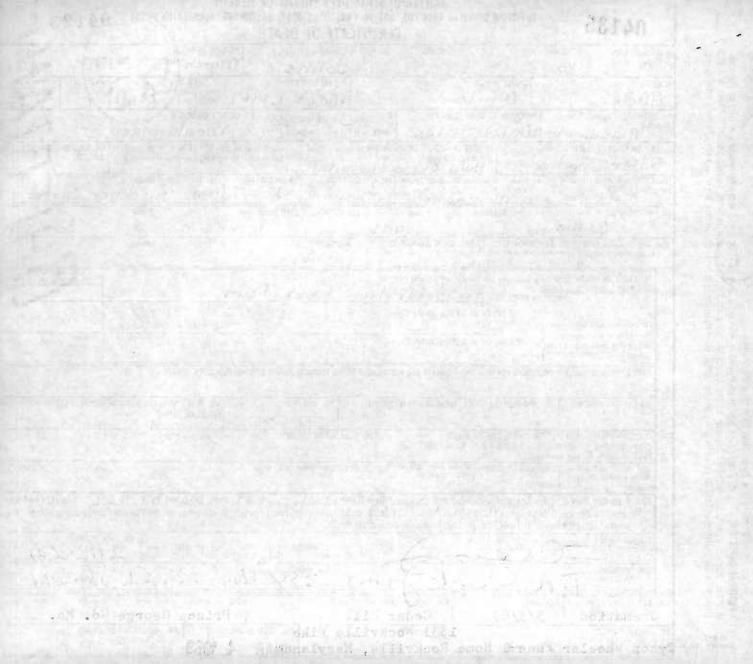
Home, Manh., D.C., 20016

Marc to minimize ; Edithera nombre 26128

treit to sot a production of the Joseph Und er's logs, him., 2130 Wes. We.

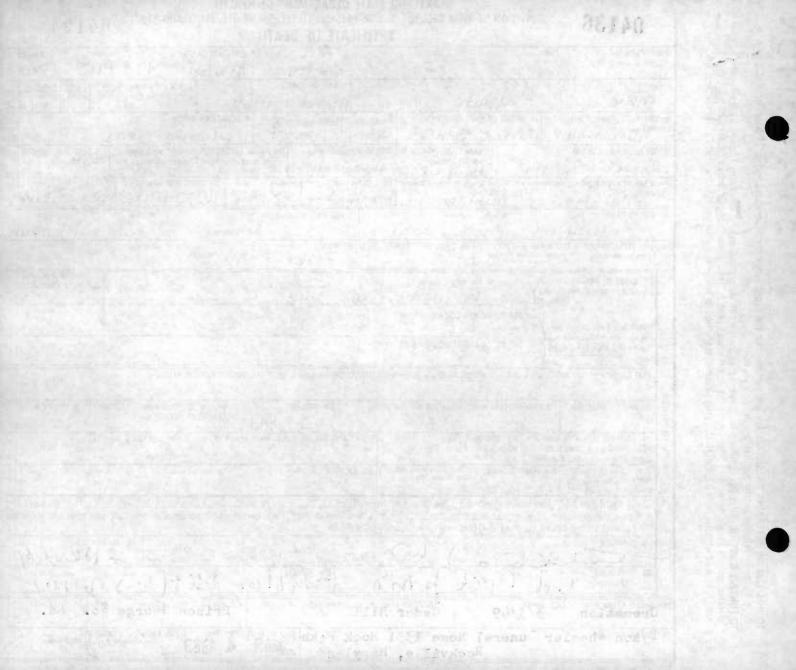
in and proparations

- 1							II OF HEALI				
1		04135	DIVISION OF V	ITAL RECORDS,	301 W. PRE ERTIFICA			E, MARYLAND 2	21201	0412	3
1			irst B	Middle BoV			WIN I 20.1	DATE OF DEATH	\ Day	1969Year	2b. HOUR 8:47A
100	3. SE.		4. RACE Whit	J	5.	DATE OF BIRTH	3	6. AGE (In last birth		IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
1	coun	Maryland Maryland	76. CITIZEN OF WHAT	States	8. MARRIED	NEVER MARRIE DIVORCEI	9. COU	Montge		1	Md
1	5	liver Spri	give str	E OF HOSPITAL OR INST get address) CROSS	Hosp	ital	during mast af v	JPATION (Kind of w varking life, even if	retired.)	12b. KIND OF I	BUSINESS OR
	odmi:	USUAL RESIDENCE (Where decossion) STATE	eased lived, if institution		Kensina	ton YE	INSIDE CITY LIMITS?	13e. STREET AND N	itsch	ner St	reet
I		ATHER'S NAME First		Joh	ns	OTHER'S MAIDE	N NAME First Jean		Middle	7	Lost DNN SOV
	Y		ive war or dates of service)	6b. SOCIAL SECURITY N	F	ether			Address		AATE INTERVAL
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI IMM Conditions, if ony, which go rise to immediate cause (c stating the underlying caulost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS (b) DUE TO, OR AS (c)	A CONSEQUENCE OF			ISEASE OR CONDITIO		(a)		
	CERTIFICATION		9b. CONDITION FOR WHICH			20a. AUTOPSY YES	NO 🗌	20b. IF YES, WERE CAUSES OF DEATH?			RTIFYING
	MEDICAL	21a. ACCIDENT WAS UNDERLY DR CONTRIBUTING CAUSE OF (If either, notify medicol exceed) 21d. INJURY OCCURRED 2	DEATH HOUR A.M.	Manth Day Year				of injury in Port 1 City or Town	or Port 2, It	county	State
		While Not while 22a. I certify that (I) saw the deceased causes stated about 22b. SIGNATURE		ded the deceased	from Mac	hat in (my)	, 19 69 , (aur) apinian o	to <u>March</u> death occurred c			
-	23a.	NAME (Type) BURIAL, CREMATION, 23	A. CO	23c. NAME OF C		134	4 Usa.	LOCATION (City or T		(Cauny)	(Stote)
-	_	FUNERAL DIRECTOR	3/3/69	Cedar 13310000	r Hill	Pike25		rince Ge		GO. MO	
	v	son Wheeler	Funeral Hom	e Rockyi	I A Ms	nuland	A CAME	1969	Meny	Dan la Cont	



1	04136	DIVISION OF VITAL RECORDS,	04124		
ges I and 2 after deoth.	1. DECEASED-NAME Fin (Type or print) BA 3. SEX	By A. RACE White	Johns Johns S. Date OF BIRTH March 1,	March Month	Day 269 Year 25. HOUR 9:45 A IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN 2 A
thin 72 hours	70. BIRTHPLACE (Stote or foreign country) Maryland 0. CITY OR TOWN OF DEATH	7b. CITIZEN OF WHAT COUNTRY? United States 11. NAME OF HOSPITAL OR INS give street address)	8. MARRIED NEVER MARRIED X WIDOWED DIVORCED TITUTION (If not in hospitol 120.		One Tizb, KIND OF BUSINESS OR
exe 15	odmissian) MTATE Jand 14. FATHER'S NAME First	ased lived, if institution: Residence before 13b. COUNTY Middle Lost	13c. CITY OR TOWN 13d. INSIDE KENSING TON YES X	13e. STREET AND NUMBER 1 NO 1 1332 Mit	scher Street
n please ol, and in	160. WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes giv			Jeanne	Johnson
director, page 3 should be detoched for use as the burial-transit permit. Then please should be filed with the State Dept. af Health prior to burial, cremation, or removal, and	Conditions, if ony, which governse to immediate cause (o) stoting the underlying cause last. PART 2. OTHER SIGNIFICANT C), ((b)	rity Twin		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
defocned for use as the te Dept. of Health prior to	19a. DATE OF OPERATION 19	B. CONDITION FOR WHICH OPERATION WAS PER	YES N	20b. IF YES, WERE FINDIN CAUSES OF DEATH? (Enter nature of injury in Port 1 or Port	GS CONSIDERED IN CERTIFYING
oldie Dept. d	G OR CONTRIBUTING CAUSE OF DI (If either, natify medical examination of the contribution of the contributi	EATH HOUR A.M. Month Day Year	IORY.) 21f. LOCATION Street or R.F.	D. No. City or Town	County State
1	22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	ve, (I) (we) (did) (did not) view the l	DEGREE ATTENDING PHYS.	MED. STAFF DIRECTOR D	22c. DATE SIGNED 2 March 67
		n Jan 23 NAME OF Cedar	1 Rock Pike 250 R	23d PITTICE GOOT ECD BY REGISTRAR 25b. AGGISTR AR 4 1969	ge (Sunty) Mástote) AR'S SIGNATURE CALLED FLIGHT

MAKILAND STATE DEPAKIMENT OF HEALTH



KIND OF STREET	Tanau Harring		
		128	SIU Simp
20 0 200	The state of the		ar pustyr in
	, = 64 7	1012 AF9	on.i=o⊸ √∈v⊥
2508 Formulação eva-			
ned kinsit a garage		C	Wos not
in . It beened been the	Debby Villioth		
X X X			
		State of the	man and a second
			Vacas Nati
		deglarik zani	ni nav jekono 1 ilivo i eksilal

1	04139		S, 301 W. PRESTON STREET, CERTIFICATE OF DEA	BALTIMORE, MARYLAND 2120	04131
er death. funeral : 1 ond 2 ter death.		rst Middle ry E.	Last Kelly	2a. DATE OF DEATH	Day 1969 ear
hours after in by the fun	3. SEX Female	4. RACE White	S. DATE OF BIRTH	6. AGE (In years last pirthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
24 hour	7o. BIRTHPLACE (State or foreign country) Kansas	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED		Mc
within 2 bon pol	10. CITY OR TOWN OF DEATH Kensington	give street address New	port Mill Rd.	o. USUAL OCCUPATION (Kind of work do ring most of working life, even if retire Rectived	d.) UNDUSTRY GOV.
completions ove car	admission) STATE Marylar	eased lived, if institution: Residence befa d 13b. COUNTY Montgomery	Kensington YES	t 11000 Hemp	ort Mill Rd.
ote be exe	Amos	Pruitt	IS. MOTHER'S MAIDEN N	Caroline	Bare
physicio entrolled	160. WAS DECEASED EVER IN U.S. Yes, no, or unknown) (If yes g	ARMED FORCES? 16b. SOCIAL SECURI 217-46-5		ine O'Connor Sa	me as #13
equires that the deoth certificate be executed within 24 hour physician. signed by the ottending physician and completely filled in by burial-transit permit. The place remove carbon papers burial, cremation, ar removal, and in any event, within 72 hour	PART I. DEATH WAS CAI A Conditions, if any, which go rise to immediate cause (o stating the underlying cau last.	DUE TO, OR AS A CONSEQUENCE (b) DUE TO, OR AS A CONSEQUENCE (c)	monary en Terrasifero	tu Heartabes	APPROXIMATE INTERVAL BETWEEN ONSELAND OFATH STORY CONTROL STORY STORY
AN: The low requi al or attending phy icote hos been sign for use as the buri Health prior to buri	3 /M	CONDITIONS CONTRIBUTING TO DEATH BUT 9b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?		GS CONSIDERED IN CERTIFYING
SICIAN: spital or entificate for until for unital	OR CONTRIBUTING CAUSE OF	DEATH HOUR A.M. Manth Doy Ye miner) P.M.	or 19	(Enter nature of injury in Part 1 or Part	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. The propers remove carbon pagers. Pages 1 and 2 should be filed with the State Dept. of Health prior to burial, cremation, ar removal and in any event, within 72 hours after death	While Not while at work 1220. I certify that (I)	(this hospital) attended the deceralive an ove, (I) (we) (did) (did not) view the	osed from (my) (ou	, 1955, to March, ar) apinion deoth occurred on the	County State 19 57, that (I) (we) lose date and hour and from the
TO HOSPITAL Poge 4 may b TO FUNERAL D director, pog should be file	Buria (Specify)	3-31-69 Fort	of CEMETERY OR CREMATORY Lincoln	23d. LOCATION (City or Town) Bladensburg	(County) (Stote)
VR A15 (4) 30M REV. 1/68	Francis Grector Coll	ins 500 Univers			AR'S SIGNATURE

Macronia & Anagoda Anagoda Anagoda

	1			ID STATE DEPARTMENT OF		
-			DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	0/400
		04140		CERTIFICATE OF DEAT		04132
In Ac	1. D	ECEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
a de		Ype or print)		KEMPER	MARCH Month 23 Do	Y 69 Year 2:00PM
52.5	3. SI		4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
the tages agrees a after	1	F	NEGRO	9-1-8		MONTHS DAYS HOURS MIN
haurs in by theres. Pages. Pages. Pages.	7o.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
d in pers. 72 h	_	ARLINGTON VO		WIDOWED DIVORCED	MONTGON	IERY Md.
fille thin	10.	TITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	ISTITUTION (If not in hospital	USUAL OCCUPATION (Kind of work done g most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
V. with	10	WHEATON	ONIVERSIN	4 NUKSTINGHOUSE	DOMESTIC	INDUSTRY
physician and campletely filled in by the June please remove carbon papers. Pages aval, and in any event, within 72 haurs after		ission) STATE D. C	sed lived if institution: Residence before 13b. COUNTY	13c. CITY OR TOWN 13d. INSIDE C	NO 909 R ST	. N.W. WASHINGTON
any dany	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAM		lost
de je						
equires that the death certificate be executed by signal and control burial-transit permit. Then please remain burial, crematian, ar remaval, and in any		WAS DECEASED EVER IN U.S. AR	MED FORCES? 16b. SOCIAL SECURITY war or dates of service)		Address Address	document DC
phy phy nen nava	-			MRI. A. GRANT	909 P.st. N.W. 1	NASHIVGTON D.C.
at the death cer the attending p nsit permit. The matian, ar rema		PART I. DEATH WAS CAUSE	nly one couse per line for (a) (b), and (c)	TITE CA	0 R (SREAST	BETWEEN ONSET AND DEATH
attendi attendi permit.		174X IMMEDI	ATE CAUSE (o)	1412 Cor	Le Mais	
the are a t pe		Conditions, if ony, which gove	DUE TO, OR AS A CONSEQUENCE OF	V		A MARINE
hat n. y # ansi		rise to immediate couse (a), stating the underlying couse	(b)		Table 19	
equires that tl physician. signed by the burial-transit burial, cremat		lost.	(c)	A CONTRACTOR OF THE PARTY OF TH		
phy: phy: sign buri		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	NOT RELATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART 1(o)	
ling ling seen the rta	NO					
Page 4 may be retained by the haspital ar attending physician. To HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate for the best of the physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 shauld be detached for use as the burial-transit permit. Then please should be filed with the State Dept. af Health prior to burial, cremation, ar remayal, and	CERTIFICATION	190. DATE OF OPERATION 19b.	. CONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
ar a ar a te h ar a salth		21o. ACCIDENT WAS UNDERLYI	NG 21b. TIME OF INJURY		Enter noture of injury in Port 1 or Port 2,	Item 18.)
CIAN iital iifica iifica if He	MEDICAL	OR CONTRIBUTING CAUSE OF DEA				
HYSI hasp s cert achec	MEC		. PLACE OF INJURY (AT HOME, FARM, STREET, F.		. No. City or Town	County Stote
the the dete		ot work ot work		2/12	11 2/12	16
by Affer Stat		22a. I certify that (1) (th	nis hospital) ottended the deceas	ed from	opinion deoth occurred on the d	that (I) (we) last
R: A the		causes stated abov	olive on (i) (we) (did) (did not) view the	body after death.	opinion agoth occurred on the a	are ond naur ond from the
Short		22b. SIGNATURE	RRI	ATTENDING	MED. STAFF 22c.	DATE SIGNED
OR be 3 3 a 3 a 4 a 4 a 4 a 4 a 4 a 4 a 4 a 4		na	13-00	DEGREE PHYS.	DIRECTOR PHYS.	(23/69/
may KAL Page Page Page Page Page Page Page Page		22d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
Page 4 may be retained by the haspit of FUNERAL DIRECTOR: After this certificator, page 3 should be defached should be filed with the State Dept. of	230		DATE 22, MAME OF	CEMETERY OR CREMATORY	. 23d. JQCATION (City or Town)	(County) (Stote)
Page A	230	BURIAL CREMATION, 23b.	-29-69 23c. NAME OF	none memeri	ad for Top Par	select Mile
- MV//	24.	SUNERAL DIRECTOR	ADDRES	S Wash Caron REC	'D BY REGISTRAR 25b. REGISTRAR'	
30M REV 7 68	5	aluly Frmera	Soul 383/ La	ave nev. OMA	R 2 7 1969 William	Pay Yacolgue

Optan Leave from the control of the second of the MAKTLAND STATE DEPAKTMENT OF HEALTH

					7,7740
ger er is de			South .	ntiessin	
	West Leaf	HOTELS .		OFFICE STATE	BURNES.
					110112 8
		die de la company	GYATT TAME		าธิบอกจา
(Spot) residual 2 (Sta.		- Januario	1078 m 1 mm	publica	0.0
SULTONIC 12 TO ANGE	ne ned			100	
action 11 11 1 1 action 11 11 11 11 11 11 11 11 11 11 11 11 11	patrant patra Ing	EME IN T	1/4		
	2				
BEST DIS THE STATE OF					
.Wsimple			6		
, 5, 8	grisse	0	lus L		20 114.
					AND RECEIPT

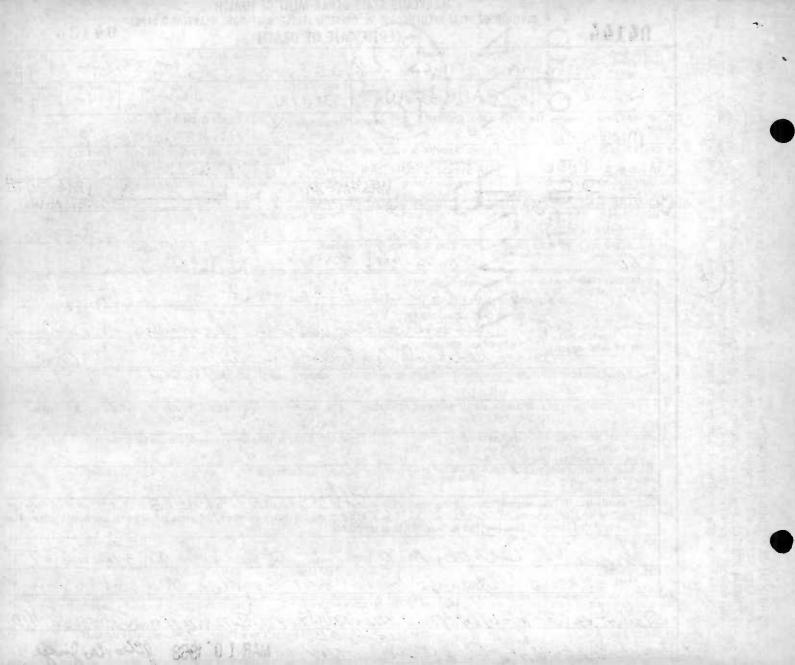
1	04142	DIVISION OF	VITAL RECORDS,	301 W. PRESTO ERTIFICATE	N STREET, BAI	LTIMORE, MA	RYLAND 212	201	413	,
1.0	DECEASED-NAME First		Middle		OF DEATH	2a. DATE O	F DEATH		#10	
	(Type or print) Day.	id	none	Kin		Moro	6 44 1	Dax	Year.	2b. HOUR 8454 M
3. 9		4. RACE			TE OF BIRTH	Provid	6. AGE (In year	15	INDER I YEAR	IF UNDER 24 HRS.
	Male	Neg	ro	6	8 20/1901		last birthday) MON		HOURS MIN
70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHA		8. MARRIED NE		9. COUNTY OF		YRS.		
car	ontry) Oklahoma	USA		WIDDWED NE	DIVORCED			Montg	omerv	Md.
10.	CITY OR TOWN OF DEATH	11. NAI	ME OF HOSPITAL OR INST reet address)			SUAL OCCUPATION	(Kind of work	done 1	2b. KIND OF B	
120	Wheaton		iv. Nurs.	Home		Teto byen			NOO3IKI	
aan	. USUAL RESIDENCE (Where deceas hission) STATE Washington, DC	136. COUNTY	in: Residence befare	13c, CITY OR TOWN	13d. INSIDE CITY	100. 3	TREET AND NUME			
14.	FATHER'S NAME First	Middle	Lost	IS. MOTH	ER'S MAIDEN NAME	First		ldle		Last
	Lawren		King			nma	?		83.	?
	no	ar or dates of service)	166. SDCIAL SECURITY NI 118-12-2	1	rge Tem	me 9	OI ARC	1 1	ve. Wi	heaton
	18. CAUSE OF DEATH (Enter and	y ane cause per line	far (a), (b), and (c).)	1	/				APPROXIMA BETWEEN ON:	ATE INTERVAL SET AND DEATH
	PART I. DEATH WAS CAUSED IMMEDIA	TE CAUSE (a)	C V7	7						
	4379	DUE TO, DR AS	A CONSEQUENCE OF	1	7 .					
	Conditions, if any, which gave irise to immediate cause (a),	(b)	Frebral	H	Men	sclar	van			
	stating the underlying cause last.	DUE TO, OR AS	A CONSEQUENCE OF							
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTI	NG TO DEATH BUT NO	RELATED TO THE T	ERMINAL DISEASE OF	R CONDITION GIVE	N IN PART 1(a)			
IFICATION	19a. DATE OF OPERATION 19b. (ONDITION FOR WHIC	H OPERATION WAS PER	ORMED 200	. AUTOPSY?	20h 1F	YES, WERE FIND	INGS CONSI	DERED IN CER	PTIEVING
IFIC					YES NO [CALICEC	S OF DEATH?		THE IN CL	
CERTI	21a. ACCIDENT WAS UNDERLYIN				IRY OCCURRED (Ent		ry in Part 1 or P	ort 2, Item	18.)	
MEDICAL	or contributing cause of DEATH		Manth Doy Year					-,		
ME	21d. INJURY OCCURRED 21e.		AT HOME, FARM, STREET, FACTO DEFICE BUILDING, ETC.	DRY.) 21f. LOCATION	Street or R.F.D. N	la. City	or Tawn	Ca	unty	State
	While Nat while at work		PETER BUILDING, ETC.		10	100				
	22a. I certify that (I))(thi	s haspital) atter	ded the deceased	fram	, 19	7, ta_	3/13	196	Z, that	(We) last
	saw the deceased al causes stated abave	veron	19	69, and that	(my) (aur) a	pinian death	accurred an t	he date a	nd haur a	nd fram the
	22b. SIGNATURE	1	7	ΑΑ	ITENDING -	MED.	STAFF .	22c. DATE	SIGNED	
	22d. PHYSICIAN'S	- Cur		DEGREE P	HYS.	DIRECTOR \Box	STAFF PHYS.	3/	1366	9/
	ALLEGE CT A	n Cohan,	M.D.		e. ADDRESS 3515 Geo	rgia Ave	B., Silv	ver Sp	oring,	Md.
23a.	REMOVAL (Specify) 23b. D	ATE 24-69	23c. NAME DF CE	METERY OR CREMAT	DRY	23d EDCATIO	ON (City or Town) (((ounty)	(State)
24.	PROLITINS FUNE	RAP HOM	E INIADDRESS	1		BY REGISTRAR	2Sb. REGIS	TRAR'S SIGN	ATURE	lend
4	4339 HUNT	PLACE N	17 10.	1.	DATE MA	R24 18	369 /	Linel	By Joes	المعد
-		THUCK, IN.	Eng	11/11/	#					/

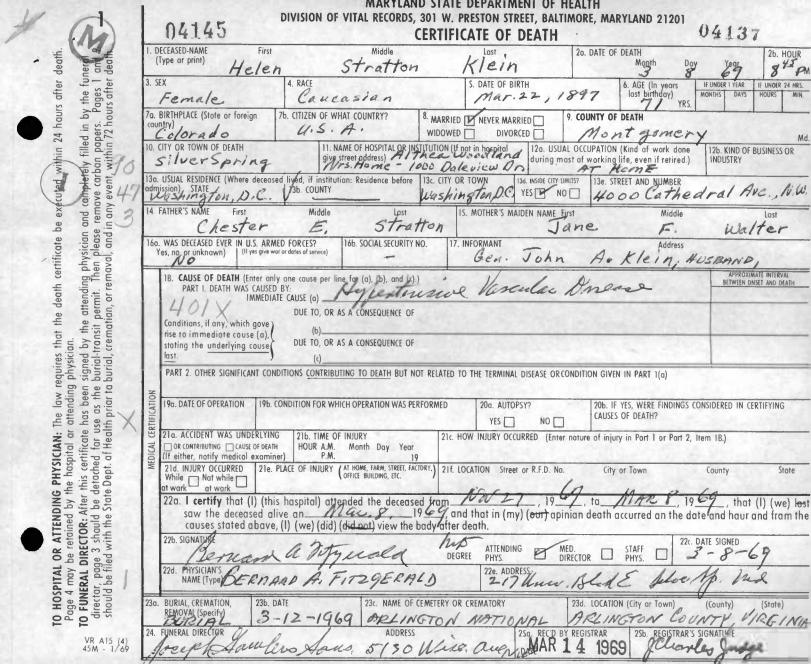
10 Car			Hillian		Milur.		L ± Jah	
	1.2	107	10018			purpoil.		c.Lu
WELFU GIO								ECD AND
		Military 1975		970)		. Unit		nsvest)
,							· ·	
	Y	· ·			ola		world to a	
								L)
					^			
X								
, min 200							a1 mai1	

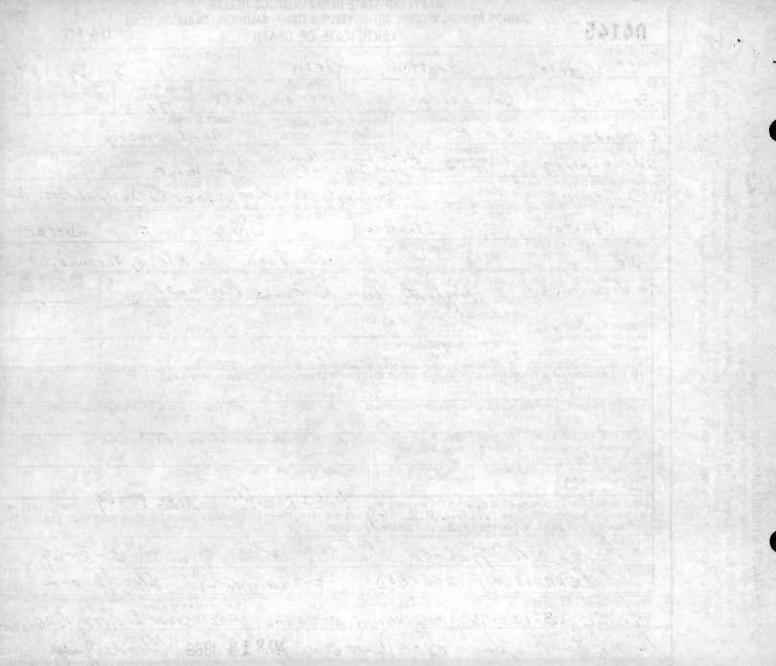
ROLLIES FUNERAL HOME INC.

					Cytyl
27 © 12 a	8				
	33	ENATURE .			ofer
		The survivation			
	Age to Spain				
	1.000	re	Cours Nos	100	ni grang a di
		No. 4	i ingge	no l	
Leignou			1,7427	. 1	
E FAIL N	LINE DE DECE CO	d Common time	8024-113-		
TO STATE .					
	Mark Kara	196-1975			
	Settle Council and	The Leas Jahre	Shirt to sh	00 0 A Table	Acti late

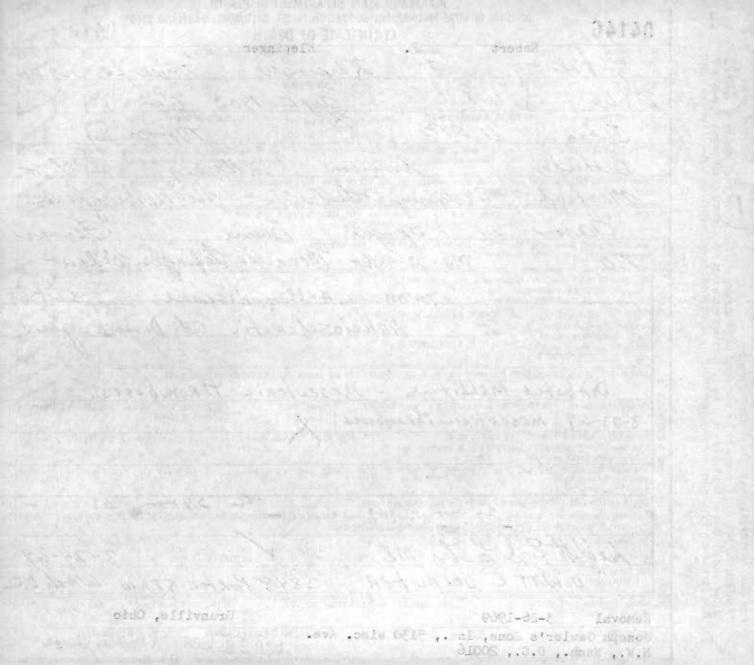
d	1			D STATE DEPARTMEN		
0 .5		01111			T, BALTIMORE, MARYLAND 21201	04.120
	1	04144		ERTIFICATE OF DE	ATH	04136
# = # # - #		CEASED-NAME First	Middle	Lost	20. DATE OF DEATH	2b. HOUR
er death. funeral 1 and 2 er death.	1,	Abe or brilling	ma Marie	Klager	3 Manth 3 1	Day 69 Year 4 75 M
fter s 1 fter	3. SE	x Female	4. RACE CAUCASIA	5. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
by the fu	1			N 3/11/8	87 YR	
hou hou	/o. l	SIRTHPLACE (Stote or foreign try)	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	20
24 24 172 172 172 172 172 172 172 172 172 172	10.0	MICHIGAN	USA	WIDOWED DIVORCED	1 MONTGOM	ERT Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death be retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral e 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers agong I and 2 ed with the State Dept. af Health prior to burial, cremation, arremayal, and in any event, within 72 hours after death.		ITY OR TOWN OF DEATH AKOMA PARK	11. NAME OF HOSPITAL OR INS give street address) WASHINGTON	1	12a. USUAL OCCUPATION (Kind of work don during most of working life, even if retired	e 12b. KIND OF BUSINESS OR INDUSTRY
omplete ve cark event,	13a.	USUAL RESIDENCE Wher deceo	sed livet, if institution: Residence before		NSIDE CITY LIMITS? 13e. STREET AND NUMBER	905. 1316-2974
comigave	10) MIRY LAND	WINDE GEORGES	YATTS VILLE YES	NO 6500 R1665	ST. N.W.
and and rem	147	ATHER'S NAME First	Middle Lost C	15. MOTHER'S MAIDEN	NAME First Middle	Lost
ate be	1/-	CHRISTIAN			house	KEICHERT
e death certificate be exerging physician and conserming them please remain any arremandan, and in any		was deceased ever in U.S. AR/ es, na, or unknown) (Il yes give v	MED FORCES? 16b. SOCIAL SECURITY Not or dates of service) 579 - Co - C	. /	L RECORDS Address	
e de é		18. CAUSE OF DEATH (Enter or	ly one cause per line for (o), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath mit arre		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) Cardio Res	pinlow a	rest	BETWEEN ONSET AND DEATH
aftend aftend permit		48/12	DUE TO, QR AS A CONSEQUENCE OF		, 7	0
the sit p		Conditions, if any, which gave rise to immediate cause (a).	(b) massine (erely Vosc	ula Chembres	72 Kours
that the dion. by the attractions transit per		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	A #	0	
equires that the physician. signed by the burial-transit burial, cremat		last.	(1) Ceretist	arlenosa	lewes	glars
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhould be filed with the State Dept. af Health prior ta burial, creating the state Dept.	z	PART 2. OTHER SIGNIFICANT COI	NOTIONS CONTRIBUTING TO DEATH BUT NO	IT RELATED TO THE TERMINAL DISI	EASE OR CONDITION GIVEN IN PART 1(0)	
te law re trending as been s as the trent prior tate	CERTIFICATION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PER	FORMED 20a. AUTOPSY?		S CONSIDERED IN CERTIFYING
The after has see a the pr	RTIFI			YES	NO CAUSES OF DEATH?	
AN: The		21a. ACCIDENT WAS UNDERLYIN OR CONTRIBUTING CAUSE OF DEAT		21c. HOW INJURY OCCURRE	D (Enter noture of injury in Part 1. or Port	2, Item 18.)
Sic.	MEDICAL	(If either, natify medical exami	ner) P.M. 19			
DING PHYSICIAN: The by the hospital or at Affer this certificate has be detached far use State Dept. af Health	×	21d. INJURY OCCURRED 21e. While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FACT OFFICE BUILDING, ETC.	ORY,) 21f. LOCATION Street or	R.F.D. No. City ar Town	County State
G P the det det		at wark at work		1.1.1	(9 h. /.	
DIN by Afte be Sta	18	220. I certify that (I) (the	is hospital) attended the decease live an muli 3	d from A S	, 19 <u>6</u> /, ta Millian , 1 aur) opinion death occurred on the	9 <u>69</u> , that (1) (we) lost
DR: Duld Duld The		couses stoted above	e, (1) (we) (did) (did not) view the b	oody ofter deoth.	obinion death occurred on the	aure ona naur ana from the
she care		22b. SJGNATURE		ATTENDING		c. DATE SIGNED
OR be DIR Je 3 led v		Harlen	. Oroper m	DEGREE PHYS.	MED. STAFF PHYS.	3 Morely 69
Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be a should be filed with the State		22d. PHYSICIAN'S NAME (Type) HAROL	D W. BRAPER	m.D. 22e. ADDRESS 980/	GEORGIA AUE;	Silver String has
OSP e 4 UNE cror	230	RUPIAL CREMATION 236		EMETERY OR CREMATORY		
O Flag	6	REMOVAL (Specify)	-6-1469 LEPAR	HILL CREME'ND	23d. LOCATION (City or Town)	(County) (State)
VR Ats On	24.	UNERAL DIRECTOR	ADDRESS	NASH, D.C. 250.	REC'D BY REGISTRAR 25b. REGISTRAN	R'S SIGNATURE
45M - 1 (59)	10	Syph Lawles			E MAR 10 1969 90	contes Judge
1 - 1- 1	1					







	MARYLAND STATE DEPARTMENT OF HEALTH
4:	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
C)	CERTIFICATE OF DEATH 04138
2 2 :	1 DECEASED MAME () E. ROBERT WILLIAM KIRDINGER
deoth nerol and 2 death.	(Type or print) Robert F. Leginalis Manth Day Year 120, March 20,
	1/1/1/1/ / 1/1/1/ 1/1/
1 1 1 1 1 1 1 1 1 1	3. SEX 4. RACE 5. DATE OF BURTH 6. AGE (In years I FUNDER I YEAR IF UNDER 24 HRS.
S # 20 8	Totale White aug 12- 1903 last birthday) MONTHS DAYS HOURS MIN
a poor	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED AND TO BEATH
4 ho	country) Ohio U.517 WIDOWED DIVORCED Mortenmen Mid
nin 24 filled pope thin 77	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
	give street address) during most of working life, even if retired.) INDUSTRY
	130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CLEV OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
	admission) State refaul 196. COUNT Montamery Detherder YES NO 1609 Marbury Road
execution only even	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
inoni	Caron 112 Klea-in Busing
ian	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
ertificate be physician en please ioval, ond in	Yes, no-seankpown) (If yes give war or dates of service) Oak 23 a acres 1 Marca (1 Kle here does of service)
certif g phy Then mova	18 CAUSE OF DEATH (Enter only one cours not line for (a) (b) and (a)
ing the Times	BETWEEN DISET AND DEATH
ne deoth ce attending permit. Th	IMMEDIATE CAUSE (a) CORMANY ARTERY DISEASE 34KS
he deoth attendin permit. rion, or re	DUE TO, OR AS A CONSEQUENCE OF
the sit	(conditions, if ony, which gave) rise to immediate couse (a), (b) ARKNOSCLERATIC C.V. Do seare years
tha by ren	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
equires that the deoth certific physician. signed by the attending physi buriol-transit permit. Then pl buriol, cremotion, or removal,	last. (c)
phy sign suri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
ng ng to h	Dahates Mellities Massaulasi Mondines
e low re tending is been as the prior to l	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
PHYSICIAN: The low requires the hospital ar attending physician. his certificate has been signed by stacked for use as the buriol-trand Dept. of Health prior to buriol, cre	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO CAUSES OF DEATH? 21b. TIME OF INJURY 21b. TIME OF INJURY 22b. HOW INJURY OF ORDER OF THE PARTY OF THE PAR
AN: Thall are at all are at icate he for use Health	210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.)
fical for He	
SICI split ertiff eed the	DR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Month Day Year 19 21d, INJURY OCCURRED 21e, PIACE OF INJURY (AT HOME, FARM, STREET, FACTORY, A 21f, IOCATION Street or P.F.D. No. (the gr. Town) County C
G PHYSIC the hospit this certi detached e Dept. of	While Not while OFFICE BUILDING, ETC.
the deel the Control of the Control	urwork at wark —
by the by the state of the stat	22a. I certify that (I) (this haspital) attended the deseased fram, 19.66, to 2.4 mor, 19.67, that (I) (we) last saw the deceased alive an, 19.67, and that in (my) (exp) apinian death accurred an the date and haur and fram the
ATTENI etained CTOR: A should ith the	saw the deceased alive an
A ATTENI retained ECTOR: A 3 should with the	COL CLOUVE A A A A
OR ATTENDING PHYSICIAN: be retained by the hospital ar DIRECTOR: After this certificate e 3 should be detached for us ed with the State Dept. of Heali	ATTENDING TO MED. STAFF STAFF
Loge Di	22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	NAME (Type) DEWITT E. DELAYSTER 3848 Parter STAW WASh D.C.
OSI UNE	
Pog H	23d. BURIAL, CREMATION, REMOVAL (SECTIV) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Granville, Ohio
5-5	
VR A15 (4) 45M · 1/69	24. First Participation awder's Sons, Inc., The Wisc. Ave. 25g. RECID BY REGISTRAR'S SIGNATURE DAMAR 2 6 1969
4JM - 1/69	N.W., Wash., D.C., 20016



MARYLAND STATE DEPARTMENT OF HEALTH

			02172
20 31 68 12	ACTIVE TURE	Margarit La	u Ti
72	95/5/7	SEERV'	and and a
THETOTORY		- \ <u>C</u> -	. 17. 2
	L C S, C S.	į.	SIL SIE
estern icu t. 1	· ec anicsvl	a attended to the second	AV TOTAL
	and the server trains		
	stic carcinona		
	riredano garvo o suc		
			and the state of t
	•		
dadasil pundal	11.000	1964 . L 1964	No. Office of
Mary . No. 27 200 5	894		

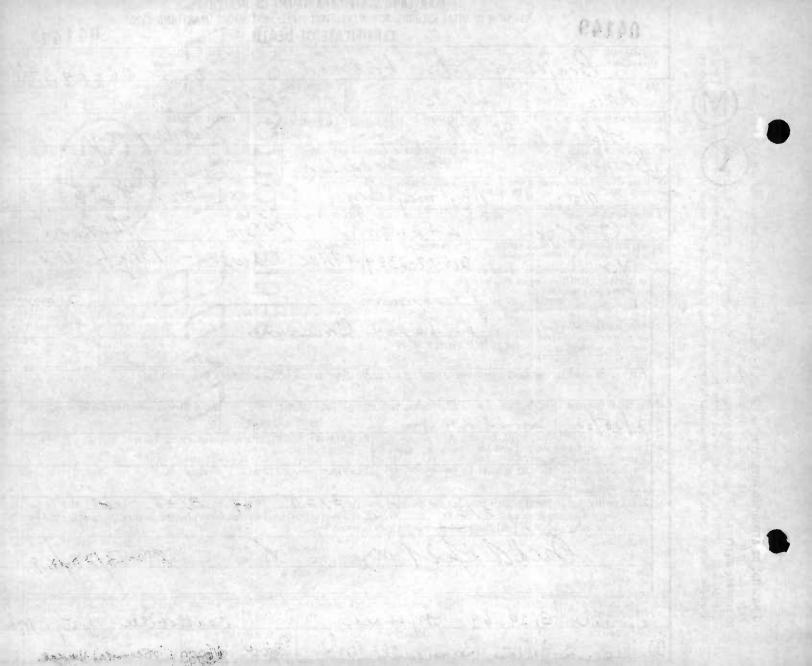
1			NVISION OF V			DEPAKIMENI		MARYLAND 21201		
2	It		/11 69 k			ATE OF DE		, MAKILAND ZIZUI	0414	10
naurs other death. by the buteral Rages I and 2 hours afterdeath.		CEASED-NAME First YPE or print) Irene		Middle B		Lost Lanches		ATE OF DEATH 3 Month 29 Death	ay 69ear	2b. HOUR
2 2 - 5 7	3. SI		4. RACE			S. DATE OF BIRTH		6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
rs ages		female	W C	ac.	35-1	11/3/18	397	last birthday)	MONTHS DAYS	HOURS MAN
We de		BIRTHPLACE (State or foreign 7	b. CITIZEN OF WHA		8. MARRIED	NEVER MARRIED		ITY OF DEATH	THE RESERVE	
	caui	Colorado	US		WIDOWED [ontgomery		Md.
hin 24 filled n pape ithin 7	10. (ITY OR TOWN OF DEATH	11. NA/ give st	ME OF HOSPITAL OR INS reet address) HOLY Cro	•		2a. USUAL OCCUI	PATION (Kind of work done orking life, even if retired.)	12b. KIND OF INDUSTRY	BUSINESS OR
ed with corbon ent, with	120	Silver Sprin USUAL RESIDENCE (Where deceased			13c. CITY OR	Spream	not	ISEWITE		
completely ove corbon y event, wi		issian) STATE Md	13b. COUNTY	Monta.			NO [13e. STREET AND NUMBER 10805 Hund	tlev Pl	ace
and com	14.	ATHER'S NAME First	Middle	Last	-	MOTHER'S MAIDEN	NAME First	Middle		Last .
ician ond co		Max	NMI	Briegl	eh		Mary	I	Thorol	oway
			FORCES? or dates of service)	Briegl 16b. SOCIAL SECURITY I 217-48-3	FOC	NFORMANT	/10905	Address Huntley		
that the death certific ion. by the ottending phys transit permit. Then p cremotion, or removal,		1B. CAUSE OF DEATH (Enter only				orace P.	7 1000	Huntley F	APPROXIA	WATE INTERVAL
din din		PART 1. DEATH WAS CAUSED I	3Y: /	10100		NAMI	11111	0/1	BETWEEN OF	NSET AND DEATH
deo deo		4109 IMMEDIATE	.,	NIN	any	Con Contraction	rus	77	100	ul -
the the		Canditions, if any, which gave	(CONSEQUENCE OF	·W	O Hour	0 6511	1101	te	110
hat hat		rise ta immediate cause (a),	(b) DUF TO OR AS	A CONSEQUENCE OF	MA	Jogh .	Section	1	1 1	
ires the hold by sicion hed by its indicate in its indicate indicate in its in	-	stating the underlying cause last.	(c)	Ilu	endl	egel (alle	105ch	BA G	Kle
requires g physic n signed e buriol o buriol		PART 2. OTHER SIGNIFICANT COND	TIONS CONTRIBUTION	ING TO DEATH BUT N	OT RELATED TO	THE TERMINAL DIS	EASE OR CONDITIO	N GIVEN IN PART 1(a)		
low rending been so the ior to	FICATION	19a. DATE OF OPERATION 19b. CO	NDITION FOR WHIC	TH OPERATION WAS PE	RFORMED	20a, AUTOPSY?	1000	20b. IF YES, WERE FINDINGS	CONSIDERED IN CI	ERTIFYING
has be a	TIFIC					YES 🗌	NO 🗌	CAUSES OF DEATH?		
I or of or use he of the or use	L CERTI	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF		21c. HC	W INJURY OCCURRE	D (Enter nature	of injury in Part 1 or Part 2	, Item 18.)	
A SE	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine)	HOUR A.M. P.M.	Manth Day Year		Det Of the last				ANTENNA T
c PHYSIC the hospi this certi defoched te Dept. o	W	21d. INJURY OCCURRED While Not while at work	ACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY,) 21f. LO	CATION Street or	R.F.D. No.	City or Town	County	State
by the day the	15	22o. I certify that (I) (this	hospitol) otte	nded the deceog	d from	1/10	, 192 3, 1	10 0/28 1	809, that	(I) (we) lost
Poge 4 may be retoined by the O's Funeral Directors. After the director, poge 3 should be director, poge 3 while the Stote should be filed with the Stote Constitution.		saw the deceased aliv couses stated abave,	re an(I) (we) (did) \$	dig not) view the	odvafter o	l that in (my) (d leath.	aur) api ni on d	eath occurred an the	ate and hour	and from the
E E E E E		22b. SIGNATURE		7			- C MED	57455 226	. DATE SIGNED	
OR DE L		bo	11	UNN	1 DEGR	EE PHYS.	MED. DIRECTOR	STAFF PHYS.		54500
O HOSPITAL OF Poge 4 may be O FUNERAL DIR director, poge shauld be filed		22d. PHYSICIAN'S NAME (Type)			1	22e. ADDRESS				
OSP Store	220	BURIAL, CREMATION, 23b. DA	TE	23c. NAME OF	CEMETERY OR	CDEMATORY	734 1	OCATION (City or Town)	(County)	(State)
T go E se Se	(Cr		9/1969		Crema			O Lth St. N.		
V		FUNERAL DIRECTOR		ADDRESS		2Sa.	REC'D BY REGIST	TRAR 2Sb. REGISTRAR		
VR A15 [4] 30M REV. 1/68		Lee Funeral How	ie, 300 l	th St. NI	E, Wash	D.C. DAT	APR 2		wer Jud	32

	1000 TO 100 TO 1		ET-84/10
No. of the second			580 1
Teory	WAR TO LINE TO STATE		femals.
			0.610.00
tal house tre	e e e e e e e e e e e e e e e e e e e		entact tovill
dery		9 (7%)	tax.
the data volume to but the	PLACE DUCE-	217-05	on
	HE DIE - STORY		

1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21	1201
	04149 CERTIFICATE OF DEATH	04141
24 naurs after death. ed in chatter hereal gers Rates and 2 n 72 hours and death.	1. DECEASED-NAME (Type or print) Benjamin H. HARMAN. 20. DATE OF DEATH Month	Doy - Yeor 2b. HOUR 4-PM
(TO	3. SEX MAIS 4. RACE White 5. DATE OF BIRTH. lost birthdo	BOTS IF UNDER 1 YEAR IF UNDER 24 HRS.
popers Phin 72 hay	70. BIRTHPLACE (Stote or foreign country) 7b. CITIZEN OF WHAT COUNTRY? WIDOWED DIVORCED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH	mery. Md
70	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if respectively) Suburban.	etired.), (INDUSTRY
event,	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before odmission) STATE May 13b. COUNTY MAJAMELY SYDES NO X	
1	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN, NAME First M CORGE LARMAN. DESSIE	Monard Last
		nyds Md
бЩаг	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PROPERTY OF THE PR	APPROXIMATE INTERVAL BETWEEN DISST AND DEATH 2 Mariths
burial, cremation, ar removal, and in any event	16 J DUE TO, OR AS A CONSEQUENCE OF	1 manua
	Conditions, if any, which gave rise to immediate couse (a), storing the underlying couse lost. (b) Brown drugerie Carcania DUE TO, OR AS A CONSEQUENCE OF	
2	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
2	O / /	NDINGS CONSIDERED IN CERTIFYING
d		Port 2, Item 18.)
	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) 2 Id. INJURY OCCURRED VIOLENCE VIOLENCE OF INJURY (AT HOME, FARM, STREET, FACTORY, DEFICE BUILDING, ETC. OT TOWN OF TOWN OF TOWN OF THE PROPERTY OF THE PROPERTY OF TOWN OF TOWN OF TOWN OF THE PROPERTY OF THE PROPERTY OF TOWN	County State
	at work of work 22a. I certify that (I) (this haspital) ottended the deceosed from saw the deceosed alive an 3/26 19/27, and that in (my) (our) opinion death occurred on	, 19, that (1) (we) last
200 c c c c c c c c c c c c c c c c c c	causes stated above, (I) (we) (did) (did not) view the body after death.	the date and hour and from the
filed w	22d. PHYSICIAN'S MED. STAFF PHYS. 22d. PHYSICIAN'S 22e. ADDRESS	3/27/69
director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to	NAME (Type)	
	230. BURIAL CREMATION, REMOVAL (Specify) 3/29/69 Monacacy Beallsoid 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 256. REG	ele monty med
5 1 8	11 10 . 3 (1.1)	ISTRAR'S SIGNATÜRE

VIANIN

CTATE DEDADTMENT OF HEAL



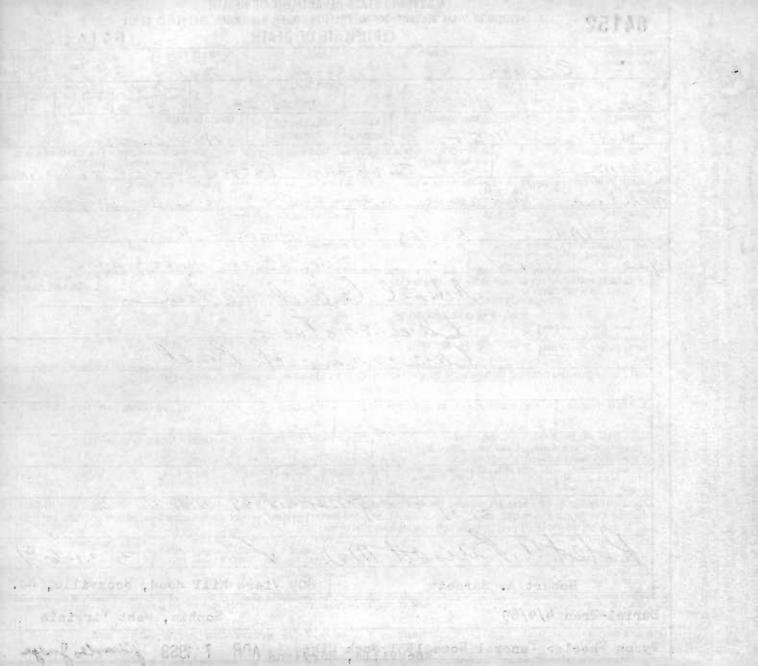
MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04150 CERTIFICATE OF DEATH 04142 1. DECEASED-NAME Middle First Last 2b. HOUR 5 ickn and completely filled in by the funeral lease semave corbon papers. Pages. 1 and 2 ond in ony event, within 72 hours after death. 2a. DATE OF DEATH the executed within 24 hours after death (Type or print) Month 3 toppas eamar 69 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24 HRS last birthday) MONTHS DAYS 12 1899 Junz aucasiiv YRS 7a. BIRTHPLACE (State or fareign 7b. CLTIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED [aom IOLETTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work) done 12b. KIND OF BUSINESS OR give street address) during most of warking life, even if retired.) INDUSTRY rama 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 135 CITY OR WOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND ANUMBER 13b. COUNTY, NO S 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Lost guo Middle Last wi physician requires that the death certificate 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, at unknown) 1 (If yes give war or dates of service) d cremation, or removol, offending phys APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF signed by the burial-tronsit p burial, cremati Conditions, if any, which gave) rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF physicion stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) moy be retained by the hospital or ottending After this certificate has been be detoched for use os the State Dept. of Health prior to TO HOSPITAL OR ATTENDING PHYSICIAN: The law Page 4 may be retained by the hospital or attending 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗌 NO A TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark 220. I certify that (I) (this hospital) attended the deceased from _19 & Gond that in (my) (aur) apinian deoth accurred on the dote and have and from the saw the deceased alive an_ director, page 3 should should be filed with the causes stoted obove, (I) (we) (did) (did nat) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR PHYS. PHYS. 22d. PHYSICIAN 22e. ADDRESS NAME (Type) 23b. DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATOR 23d. LOCATION (City or Town) (County) (State) 69 REMOVAL (Specify) 25 24. FUNERAL DIRECTOR 2Sb. REGISTRAR'S SIGNATURE 2So. REC'D BY REGISTRAR VR A15 DATEMAR 8 1969 45M

associated the resimilar memory with the resimilar of the second of the Sales Ball

25	04151	MARYLAN DIVISION OF VITAL RECORDS,	ID STATE DEPARTMENT OF 301 W. PRESTON STREET, BAI	HEALTH LTIMORE, MARYLAND 2120() 2	6445
	Item23 FilmCh10	3/14/69 kk	CERTIFICATE OF DEATH		17.70
, [DECEASED-NAME First (Type or print) NAOMI	Middle ELIZABETH LEE	Last	20. DATE OF DEATH MARCH Month 5 Doy	26. HOUR
3.	SEX FEMALE	4. RACE NEGRO	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
7.	D. BIRTHPLACE (State or foreign VIRGINIA	76. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARRIED UNIONED DIVORCED	9. COUNTY OF DEATH MONTGOMERY	
	ETHESDA	11. NAME OF HOSPITAL OR IN		UAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
3 00	da. USUAL RESIDENCE (Where deced mission) _SIAIE VIRGINIA	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CIT		
3	FATHER'S NAME First BERNAF	Middle Last D MORTON	15. MOTHER'S MAIDEN NAME HATTITE	First Middle E. LOCKETT	Last
1	6a. WAS DECEASED EVER IN U.S. AR	MED FORCES? war or dates of service) 16b. SOCIAL SECURITY	NO. 17. INFORMANT	Address	
=	NO	579 36 35		EE 1216 S. ROLFE	APPROXIMATE INTERVAL
	PART I. DEATH WAS CAUSE IMMEDI	DUE TO, OR AS A CONSEQUENCE OF	a breast with meta	astases	BETWEEN ONSET AND GEATH
	Conditions, if only, which gove rise to immediate cause (a), stating the underlying cause last.	(b)			
	PART 2. OTHER SIGNIFICANT CO				
OLIVO DILI		CONDITION FOR WHICH OPERATION WAS PE	YES NO E	_	
	OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. Manth Day Year ner) P.M.		ter nature of injury in Part 1 or Port 2, I	tem 18.)
	White Nat while at work	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.			County State
	22a. I certify that (1) (the saw the deceased concests stoted above	is haspital) attended the decease live on 5 MARCH 1 e, (1) (we) (did) (ARCH) view the	ed from 18 FEB., 19. 960, and thot in (MX) (aur) o body ofter deoth.	pinian deoth occurred on the dot	te ond hour ond from the
	22b.SIGNATURE). gr 1		MED. STAFF	MARCH 1060
1	228. PHYSICIAN'S NAME (Type) Miche			ospital, Bethesda,	
	Burial 3	A / 17	CEMETERY OR CREMATORY ON NATIONAL CEMETE		
2		HOME CLEBE RD A		BY REGISTRAR 25b. REGISTRAP'S	signature Judge.

the property of the authorized by the smallest water face of the contract of t The strategic of the large strategic of the The first state of the state of

1		- 1			ID STATE DEPARTMENT OF H		
			04152		301 W. PRESTON STREET, BALTIN		
	2		1		CERTIFICATE OF DEATH	0	4144
÷	-7±	1.	DECEASED-NAME First (Type or print)	Middle	Last	2a. DATE OF DEATH	2b. HOUR
de	5 6 8		CE,	ENARD E	LESTER	Month Day	Year 10154 N
	道ス連	3.	SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
th do	rs a		MALE	WHITE	7/26/2	9 last birthday) YRS.	MONTHS DAYS HOURS MIN
y d	חמת	70	i. BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED	COUNTY OF DEATH	
id completely filled in by the smaller of the small	7/	L	yJ. VA.	U.S.A	WIDOWED DIVORCED	MONIT GOME,	RV Md
fille pa hin	-	10	. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN	STITUTION (If nat in haspital 12a. USUAL	OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
ban wit	7	0	BETHESDA	give street address)	1134R 1314N 187	st af warking life, even if retired.) TER CACRIER	U.S. PORT OFFICE
car		13	a. USUAL RESIDENCE (Where decea missian) STATE	sed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIM	115? 13e. STREET AND NUMBER	S. J. S. J. C. P. J. B.
om one	12) 4	MARYLAND	MONTCOORERY	GERMANTONIN YES NO	MIDDLE BROOK	TRAILER COURT
nd on on		114	. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME Fir	st Middle	Last
ding	/		VAN.	LESTER	ANGIE	ρ.	BRIGGS
an an		14	oa. WAS DECEASED EVER IN U.S. AR Yes, na, ar unknawn) (If yes give	vor or dates of sequire)	NO. 17. INFORMANT	Address	
hy na			YES 19	51.55	IVORY LEST	ER - WIFE - S.	AME
Th			1B. CAUSE OF DEATH (Enter or	ly ane cause per line (a), (b), and (c)	10/1/1	1	APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ar r			PART I. DEATH WAS CAUSE IMMEDI	ATE CAUSE (0) If Chans	Collical 1	ailare	
atte	;		1539	DUE TO, OR AS A COMSPQUENCE OF	- 1		
the sit			Canditians, if any, which gave rise to immediate cause (a),	(b) (Ree	nomalosi.		
an. by			stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF	0	Roll	
/sici ned ial- ial,			last.	(1) Caron		Dowel	
ph sign bur bur			PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR CO	NDITION GIVEN IN PART 1(a)	
ding een the r ta		3	5				
ten ten as as prio	1	CEDITION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE		20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
e he use	^	la la	2) - ACCIDENT WAS UNDERLYIN	10.	YES NO		
al a licat far Hec					21c. HOW INJURY OCCURRED (Enter	nature of injury in Part 1 ar Part 2, It	tem 1B.)
spir ertif ed af		MEDICAL	(If either, natify medical exami	ner) P.M.	9		
is c tach tach			While Nat while	PLACE OF INJURY (AT HOME, FARM, STREET, FA	CTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town	Caunty State
the de				:- h 'a-1\' 1	II Mant son	a . 20/2 3/	
Afte be Stc			sow the deceased of	live on 3 3	ed from March 1819 6 9 9 ond that in (my) (our) opin	ion double occurred on the date	cz, that (I) (we) last
DR: DR: Duld Duld			causes stated abave	e, (I) (we) (did) (did not) view the	bady after death.	ion death occurred on the dat	e alla naur and tram the
be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending physicial is 3 shauld be detached far use as the burial-transit permit. Then pleased with the State Dept. at Health priar ta burial, crematian, ar remaval, and		13	22b. SIGNATURE	1 Bo	1 TO ATTENDING /	22c. D	DATE SIGNED
DIR DIR Je 3			Kenen	1 / lunch	DEGREE PHYS. ME	D. STAFF PHYS. 3-	-31-69
AL Page		1	22d. PHYSICIAN'S NAME (Type) Robo-		22e. ADDRESS		
VER TOTAL	-		Robe:	rt A. Barnett		Mill Road, Roc	kville, Md.
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the fundirector, page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages should be filed with the State Dept. at Health priar to burial, crematian, ar remaval, and in any event, within 72 hours after		23	a. BURIAL, CREMATION, 23b. BEFORE ADDOCTOR AND 4/	PATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	Virginia (State)
6 6 b		_					
VR A15	(4)		Trees Wheeler	Funanal Home 133	Rock Piles 250. REC'D BY		
45M - 1/6	9	_	Tyson "neeler	Funeral Home 133	Li Rock Pike AND AP	R 7 1969 JCL	arles Judge



MARYLAND STATE DEPARTMENT OF HEALTH 04154 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04146 2b. HOUR A Middle 2g. DATE OF DEATH 1. DECEASED-NAME First (Type ar print) March Magdalen Frances Liammari requires that the death certificate be executed within 24 hours after 3. SEX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR 6. AGE (In years by the attending physician and completely filled in by the transit permit. Then please remove carbon papers. Pages crematian, ar removal, and in any event, within 72 hours aft 5 January 1916 last-birthday) Female White 7a. BIRTHPLACE (State ar fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Minnesota and completely filled in USA DIVORCED [Montgomery WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (if nat in haspital 12a. USUAL OCCUPATION (Kind of work dane 12b, KIND OF BUSINESS OR give street address) Clinical Center during mast of working life, even if retired.) Bethesda 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) i SIAI nia /3b. COUNTY Falls Church YES 2926 Lockport Drive NO 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Last Last Ourada Joseph Zitzmann Rose 17. INFORMANThe Medical Records Address 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, no, ar unknown) 475-07-9099 The Clinical Center, NIH, Bethesda, Md. 2001 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) OFTWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY signed by the attendir burial-transit permit. MMEDIATE CAUSE (a) Asphyxia secondary to aspiration of vomitus 5 minutes DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave) (b) Lymphosarcoma 3 years rise ta immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Page 4 may be retained by the haspital ar attending has been d far use as the of Health priar ta 19a, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🗌 YES 🔣 TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, natify medical examiner) P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. director, page 3 shauld be detache shauld be filed with the State Dept. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I **certify** that XIX (this hospital) attended the deceased from 6 March , 1969 , ta 25 March , 1969 , that (1) (we) last saw the deceased alive on 25 March 1969, and that in (my) (our) opinion death accurred an the date and haur and from the causes stated above, (IX (we) (did) (didXio)) view the body after deoth. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING MED. DIRECTOR 25 March 1969 DEGREE 22e. ADDRESS The Clinical Center, National NAME (Type) Institutes of Health, Bethesda, Md. 20014 Clarence H. Brown, M.D. 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY (County) (State) 23a. BURIAL, CREMATION, 23b. DATE

VR A15 (4) 30M REV. 1/68

REMOVAL (Specify) National Memorial Park 25a. REC'D BY REGISTRAR 24. FUNERAL DIRECTOR

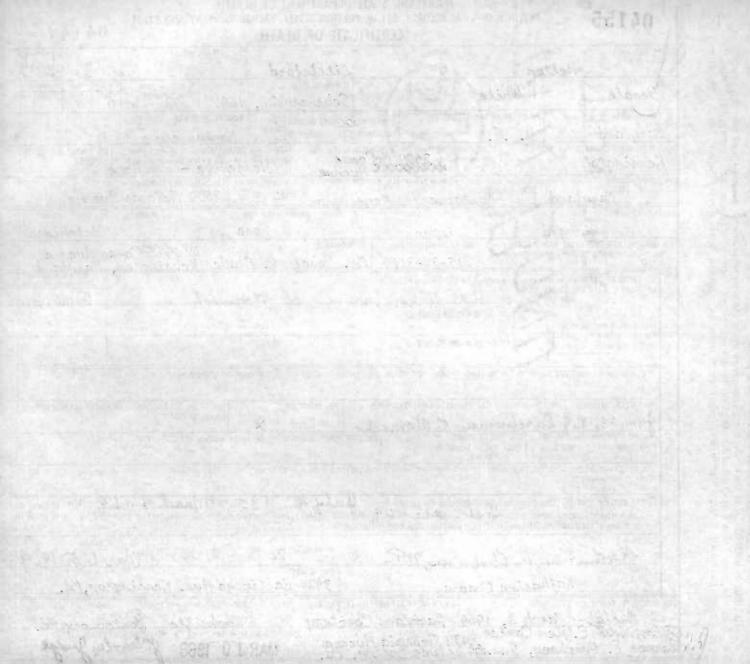
2Sb. REGISTRAR'S SIGNATURE 1969 (Charles Vedas

Falls Church.

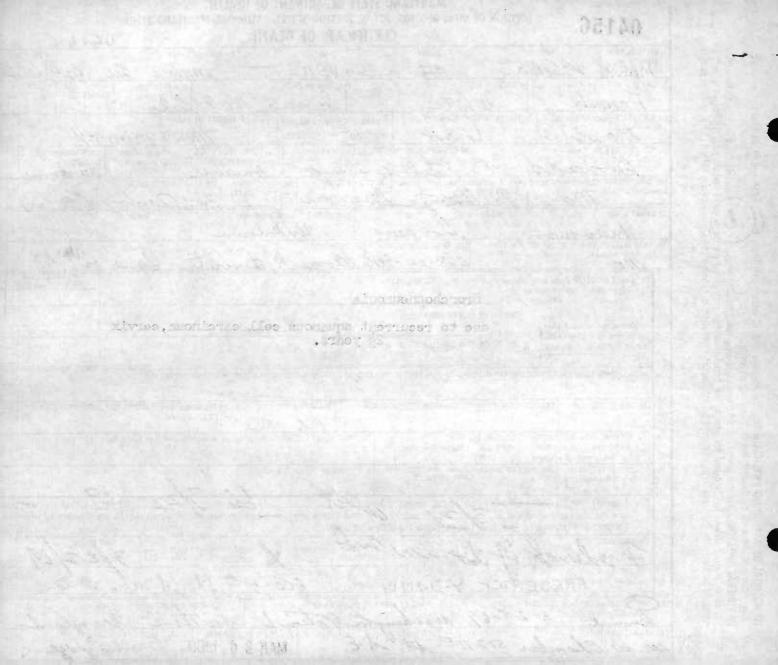
tairlax Va.

	les relie	120,000		
•				630 pm
				successor.
arte of the Contract				
se si.				
 · s ps its . W	antimit mill	g 000	T. S. S. S. S.	38
11. 1				
		L X''n		
		CONTRACTOR OF STREET		
		X-m		
		X:''Y		
		X:17		
		X:17		
		5		

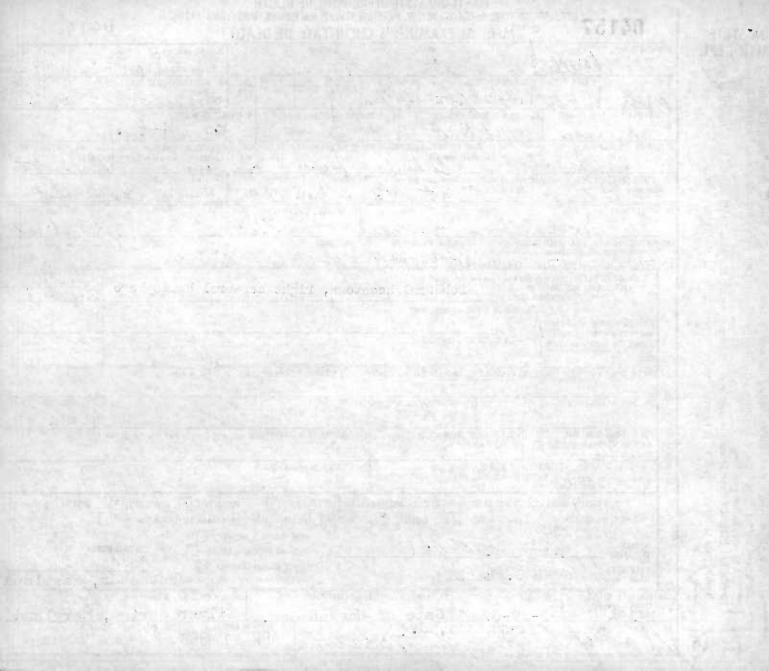
MAKYLAND STATE DEPARTMENT OF HEALTH 114155 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04147 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Inst Fond 2 2g. DATE OF DEATH 2b. HOUR executed within 24 haurs after death uneral (Type or print) Month Yeor Helton Littleford 69 3. SEX S. DATE OF BIRTH 6. AGE (In years LE LINDER 1 YEAR IF UNDER 24 HRS White Female last_birthday) DAYS HOURS February 27 1897 7o. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH hol 8. MARRIED NEVER MARRIED .⊑ (Country) Maruland ban papers within 72 WIDOWED [DIVORCED Montagnery filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION LIFt not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) 2609 completely fi during mast of warking life, even if retired.) Kensinaton INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY Montgomery and comp YES NO . McComas Avenue 2609 and in any 14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last pe Rose Richard Windson Hutchinson certificate 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address omas 2609 Yes, na, ar unknown) I (If yes give war or dates of service) or removal, Robont attending permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH that the death PART I. DEATH WAS CAUSED BY permit. IMMEDIATE CAUSE (o) cremation, DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave) rise to immediate couse (a). DUE TO, OR AS A CONSPOLIENCE OF stating the underlying cause last. priar ta burial, PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) as the attending has been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a, AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO 🔀 use YES 🗍 Health this certificate 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) ar OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. detached 21d. INJURY OCCURRED State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Nat while at wark the OR ATTENDING 22a. I certify that (1) (this haspital) attended the deceased fram. 1935, to Warch 4, 1964, that (1) (we) last saw the deceased alive an July 21 1969, and that in (my) (our) apinian death accurred an the date and have and from the be retained DIRECTOR: causes stated above, (1) (we) (did) (did not) view the body after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE director, page shauld be filed PHYS. DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS TO FUNERAL NAME (Type) Katharine Changan 3924 Baltimore Ave. Kensington, Md 23b. DATE 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (County) (Stote) REMOVAL (Specify) Parklawn Cemetery 1969 ADDRESS Georgia Avenue 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ver Sprina.



		MARTLAND STATE DEPARTMENT OF HEALTH	
2		04156 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		CERTIFICATE OF DEATH	148
~	· 4 - 04	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH	2b. HOUR
	and completely filled in by the funeral in any event, within 72 haurs after death.	MARY AGNES AT LIVERETT MARCH 200	1869 6 2M
	er o		ER 1 YEAR IF UNDER 24 HRS.
	affe affe	T (Jest bythdoy) MONTHS	
533	S > 2 S	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARDING & NEWS MARDING OF DEATH	
	ate be executed within 24 haurs after cien and completely filled in by the fur ease, remove carbon papers. Pages 1 and in any event, within 72 haurs after	(country)	1.1
	24	Maybers U.S.H WIDOWED DIVORCED MONTGOMER	y Md
	重量量が	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during, most of warking life, even if retired.) 12. USUAL OCCUPATION (Kind of work dane during, most of warking life, even if retired.)	KIND OF BUSINESS OR USJRY
	bar bar	Buthleda Jufurban Hosp: Honogenia	t hans
	plet	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) STATE 130. STREET AND NUMBER	
	9 e s e	John State men YES NO 309 andrey o	fane
	1 E E 5	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle	Last
	19 40 7E OF	Unbuoun Shomper Unbuoun	
	ano	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	11
	requires that the death certificate by g physician. I signed by the attending physician is burial-transit permit. Then please a burial, crematian, or removal, and is	Yes, no or unknown) (It yes give wor or doles of service) 5-78-22-9816 Sleave of R. Lorge the Agree of	13
	G P P Mon	IR CAIRSE OF DEATH (Enter only one course per line for (n) (h) and (c))	APPROXIMATE INTERVAL
	he death cer attending p permit. The	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Bronchopneumonia	BETWEEN ONSET AND DEATH
	dec frmi mi, ol		
	e a pe	Canditions, if any, which gave) DUE TO, OR AS A CONSEQUENCE OF (b) due to recurrent squamous cell carcinoma, cervix	
	at the nsit p	nse to immediate cause (a),	
4	tra tra	starting the order rying couse	
4	aquires tho physician. signed by burial-trar burial, cre	last. (c)	
01	V: The law requires the or attending physician. The has been signed by r use as the burial-traisalth prior to burial, cre	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
- 1	w ding ding een the r to	NO TOTAL CONTRACTOR OF THE PROPERTY OF THE PRO	
N	e la tendend is b as prio	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDER CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21b. HOW INJURY OCCURRED. (February in Part Lor Part 2.) Item 18	RED IN CERTIFYING
(The at	YES X NO CAUSES OF DEATH?	
w	AN:		.)
8	pit a first	Great Representation of the property of the pr	
"/	HYS has has ache ache apt.		ity State
	the percentage of the percenta	While Not while at wark at wark	y
OR ATTENDING PHYSICIAN: The low	ING Doy t ter ter tat	22a. I certify that (1) (this hospitel) attended the deceased from 200 1956, to 152 1957	, that (I) (wet last
	NO N	saw the deceased alive an 1944 and that in (my) (our equipion death accurred on the date and	d hour and fram the
	SO So Si Più Più Più Più Più Più Più Più Più Pi	causes stated abave, (I) (we) (did not) view the bady after death.	
	retret ret ECI With	226. SIGNATURE 220. DATE SIL	GNED
	o a a b b b b b b b b b b b b b b b b b	DEGREE PHYS. DIRECTOR PHYS. U 3/2	-2169
	SPITAL OR ATTENDING PHYSICIAL 4 may be retained by the haspital IERAL DIRECTOR: After this certifice ar, page 3 should be detached fa id be filed with the State Dept. af H	228. PHYSICIAN'S NAME (Type) FREDERICK V DARKEY 220. ADDRESS AME (Type) FREDERICK V DARKEY	0 0
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certifice Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached far use as the burial-transit permit. Then pleashald be filed with the State Dept. af Health prior ta burial, crematian, or removal,	THE DETECT FIDERITY OF A MINING	J. C.
	HO FU Fu	23c. NAME OF SEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Cour	nty) (State)
	5 5 5 P	REMOVAL (Specify) 3-25-69 Washington Wallegial Swittend Man	mland-
	VR A15 00	24 FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAT	ARE
	45M - 1/6	w. w. Chamber 577-11 ft. A.E. DMAR 2 6 1969 (Charles)	udge



13	1	MAKYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
EOST CTATE		04157 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04149
HEALTH DEPT.	1 [MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	
	((Type or Print) OF FSTI-	Doy Year 2b. HOUR
delay is and 3 to M3Page rtmmnt or	3. 5		126 1961 /KM
delc nnd mm m	7	months Day Hours Min Month Day	Year Co 743
ny del 2, and PM3	70	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	169 72 M
De in in		ntry) Kanses USA WIDOWED DIVORCED Montammer	
th oges h fo tote	10.	The state of the s	12b. KIND OF BUSINESS OR
offer death any 8. Give Poges 1, 2, afong with form Ph with the Stote Departeoth.		give street oddress) during prost of working life, even if retired.)	INDIASTRY 5 15
The spinal of th	130.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	reg cource
1 0	0	admission) STATE and 13b. COUNTY Mont Chay Class YES NO 154/9 Cen	two St.
hours over 18. Office of	14.	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Last
		Cecil J. Lucas Tell	Lendrick
hin 24 ncil in niner's pages hours		WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS ADDRESS	ne as above
with per Exam		Yes, no, or unknown) (If yes give wor or dates of service) 514-07-2236 Wife mis. W. D. Lucas	
ed in Fin Fin		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), ond (c).) PART I. DEATH WAS CAUSED BY: Subdural hematoma, right cerebral hemisphere	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
executed nding" is Medical permit.	13	and with the state of the state	2 was n 7
ex f M f M ent		DUE TO, OR AS A CONSEQUENCE OF	
d 'p d 'p Chie rons y ev		conditions, if any, which gave rise to immediate cause (a).	
should be e ne word "per o the Chief I burial-tronsit in any ever		storing the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sh he he to 1 bur d in		(c)	
This certificate should be executed within 24 ficate, writing the word "pending" in pencil in be forwarded to the Chief Medical Examiner's d be used as a burial-transit permit. File pages or removal, and in any event within 72 hours		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
certifi veritii orware used c	TION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
his ce ate, v e for be us	CERTIFICATION	WAS PERFORMED?	YES NO
MINER: This the certificate, 4 should be four files. e 3 should be tremented as the four files.		21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Ite	
IINER: The certification of th	MEDICAL	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. P 19 P	
XAMINER: te the certi ge 4 should your files. age 3 shoul cremotion,	ME	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town	County Stote
lease execute the cert director. Page 4 should stained for your files. DIRECTOR: Page 3 should to burial, cremotion,		WHILE NOT WHILE D foctory, office building, etc.)	
- 9 - 5 × 15 X		22a. I certify that I took charge of the remains described above, held an Autopsy 💢, Inspection 🖾, Inquiry 🔀	, and in my apinian
		death resulted from: Natural causes 🔲 , Accident 🖄 , Suicide 🔲 , Homicide 🔲 , Undetermined monner	
Ty Diagonal y, please are retaine (AL DIREC		ACTUAL CLES BELL CHIEF MEDICAL EXAMINER C	
		SIGNATURE ADDICAL EXAMINER 220. DATE	
DEPUTY COLOR STEERS of the funeral director may be retained FUNERAL DIRECT		TAAMINERS TOUNIO DATT	rd 26,1969.
O DEPUTY necessary, F the funeral 5 may be r O FUNERAL Health price	230	ADDRESS STORES, CITY, TOWN, OF COUNTY DELITIES OF	(County) (State)
1	1	REMOVAL (Specify)	
	24.	EXPRES DIRECTOR DE BETTE SCA MADDRESS 250. REC'D BY REGISTRAR 250. REGISTRARS	SIGNATURE
VR A15ME (5)	1	Tabet a. Humping 7552 WisanaTAPR 1 1969 Policent	las Jeodipes
10M KEY. 17001	-	garage for	



MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04158 CERTIFICATE OF DEATH 04150 1. DECEASED-NAME First Middle Last 20. DATE OF DEATH pers. Pages 1 and 2 72 haurs after death. (Type ar print) ron 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR executed within 24 hours after 3. SEX 6. AGE (In years last birthdoy) DAYS MONTHS I 9. COUNTY OF DEATH 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED country) .⊆ USA DIVORCED [WIDOWED [dempletely filled please remave carbait pa 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY and in any event, 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13e. STREET AND NUMBER YES NO 14. FATHER'S NAME MOTHER'S MAIDEN NAME First and pe MONFOC physician requires that the death certificate 17. INFORMANT 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO Address (If yes give war or dates of service) Yes, no, or unknown) detached far use as the burial-transit permit. Ihen pi te Dept. af Health priar ta burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
PART I. DEATH WAS CAUSED BY: BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (o) Canditians, if ony, which gave signed by the burial-transit p rise to immediate couse (o), DUE TO, OR AS A CONSEQUENCE OF be retained by the haspital ar attending physician. stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Vascular accident 2 afteries has been 200. AUTOPSY? 169 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED CAUSES OF DEATH? TO FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Port 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, natify medical examiner) State Dept. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. Stote City or Town County While Not while 22a. I certify that (I) (this haspital) attended the deceased from Sully, 1968, to Maril 3, 1969, that (I) (we) last saw the deceased alive on Maril 12, 1969, and that in my) (our) apinian death occurred on the date and haur and from the pe 3 shauld directar, page 3 shauld should be filed with the causes stated obave. (1) (we) (did) (did not) view the bady ofter death. 22c. DATE SIGNED 3-13-69 PHYS. DIRECTOR PHYS. 22e. ADDRESS NAME (Type) Philip H Varmer Md 10620 Georgia Ave Wheaton, Md 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Tawn) (State) 23a. BURIAL, CREMATION (County) REMOVAL (Specify) Rockville Mont. 3-17-69 256 RECTO BY REGISTRAR DATE AR 1 9 19 2Sb. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR A Pumphrey 7557e sisconain Ave Robert 30M REV

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04151 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. 1. DECEASED-NAME Middle 20. DATE KNOWN Month Doy (Type or Print) 2, and Page MACEY Jr. DEATH MATED | Mar. 26 1969808PM Horace Thomas 4. RACE 6. AGE (in years last birthday) 3. SEX S. DATE OF BIRTH 2c. DATE PRONOUNCED DEAD 1969 808 BM Cauc July 31, 1916 Male 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH Maryland Maryland WIDOWED DIVORCED USA Montgomery Give Pages 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) Naval Hospital Bethesda 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER odmission) STATE Maryland 13b (COUNTY Anne Arundel Pasadena YES NO NO Rural Route 14, Box 20 1S. MOTHER'S MAIDEN NAME 14. FATHER'S NAME aft MACEY Sr. Harriet D. Howard Horace Thomas within 24 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Baltimore. Md. **ADDRESS** (Yes, no, or unknown) 1936-55 Horace T. Macey, III, 3230 Rolling Rd. be executed Confluent Brancha-Pneumania. 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Status Post operative Repair -of Abdomen I Wounds 19 days Conditions, if ony, which gove rise to immediate couse (o), certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse Gun Shot. Wounds of Abdomen -PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 190. DATE OF OPERATION . 196 CONDITION FOR WHICH OPERATION Repair & Adelonenal Wounds. YES IX NO | 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 210. EXTERNAL CAUSE WAS 3 shauld PRIMARY PC OR CONTRIBUTING Shot in abdomen with 12 gauge shotgun CAUSE OF DEATH City or Town 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. County Md. Stote foctory, office building, etc.) Route 14, Box 20 Pasadena, Anne Arundel 22a. I certify that I taak charge of the remains described above, held an Autapsy [75], Inspection [75], Inquiry [75] and in my apinion Notural couses . Accident . Suicide . Homicide x Undetermined manner deoth resulted fram: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE 27 March 1969 DEPUTY MEDICAL EXAMINER 5 may TO FUNE Health **EXAMINER'S** ADDRESS(Street, city, town, or county) NAME (Type) John G. Ball, M. D. 23b DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, (County) Baltimore National Cemetery Baltimore Maryland 4-1-69 24. FUNERAL DIRECTOR Barranco Funeral Parlemess, 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Severna Park, Maryland 1969

The state of the s

The state of the s

er of the service of

ruggoda engaj il kilir decoko ur fikk vi a mili i da kilir decoko ur fikk vi a milir decoko ur fikk vi a mili i da kilir decoko ur fikk vi a milir decoko ur fikk vi a mili i da kilir decoko ur fikk vi a mili i

To be the second of the second

9) 1	tems 18&22a Film 412 MARYLAND STATE DEPARTMENT OF HEALTH 5-14-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 07.160 MEDICAL EXAMINED'S CERTIFICATE OF DEATH	
FOR STATE	114160 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Last 2a. DATE KNOWN Month 18 ay 6 gear 2b OF ESTI- DEATH MATED 19	HOUR 120
In 2, and 3 to m PM3. Page	3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD CO. L. 2d	HOUR A
orm P.	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH COUNTRY? WIDOWED DIVORCED	Md.
hours ofter death tem 18. Give Pages 1, Office along with form 1 and 2 with the State Be ofter death.	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) WASH SAN AND HOSP during metal d	OR
hours ofter de Item 18. Give Foffice olong w land 2 with the ofter death.	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare admission) STATE ND 13b. COUNTY MONT. TAKOMA PARK YES NO 7403 MAPLE ARE	
24 hours in Item I r's Office es land 2	4. FATHER'S NAME FREED MIDDLE Last IS. MOTHER'S MAIDEN NAME First Middle Last ANNETTA HARMON	¥.
within 24 pencil in xaminer's ile poges 72 hours	60. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) (16b. SOCIAL SECURITY NO. HOSP RECORD	
Medical in Medical Executed vector in Medical Execution in the medical	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Candians, if any, which gave (b) APPROXIMATE INTER BETWEEN ONSET AND I APPROXIMATE INTER BE	VAL DEATH
s certificate should be e e, writing the word "per forwarded to the Chief used as a burial-transit emoval, and in any ever	stoting the underlying couse dast. DUE TO, OR AS A CONSEQUENCE OF	
his certific ote, writin e forward be used or removal,	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 20. AUTOPSY? YES N 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)	10 🔲
Certificantial could les. should should lion, a	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
	WHILE NOT WHILE factory, office building, etc.)	State
pleose exect pleose exect of director. Po retained for retained for retained for retained for retained for retained for retained for	22a. I certify that I taok charge of the remains described above, held an Autapsy , Inspection Inquiry , and in my of death resulted from Natural causes , Accident , Suicide , Hamicide , Undetermined manner . ACTUAL SIGNATURE	pinian
TO DEPUTY necessary, p the funerol 5 moy be r TO FUNERAL Heolth prior	EXAMINER'S BELDEN A, LEADY, DEPUTY MEDICAL EXAMINER DX ALDRYS (Size of county) 3/16/1969	
07 5 + 20 10 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 + 4 +	23d. BURTAL; CREMATION, 23b. DATE 23c. NAME OF CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Murch 17.1969 DOW Rencola Cumalary Colman Manar (1) Sec. NA	1
VR A15ME (3)	24. FUNERAL DIRECTOR Jakoma Funeral Home Sn. J. a. Halters, 254 Carray ON WIT DATE MAR 19 1969 Colombia Judge.	

	MARTIAND STATE DEPARTMENT OF HEALTH
10	04161 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	CERTIFICATE OF DEATH 04153
death.	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR Month Doy Year
	FRANCIS E. MIDIONEY. MAN 14 1969 11:45th
	3. SEX 4 RACE 5. DATE OF BIRTH 6. AGE (In years if under 1 Year if under 24 Hrs. last birthday) Months Days Hours Min
A VENEZ SE	19141E WHITE 3999
0 0	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
ed in	(COUNTY) Nebraska 45A WIDOWED DIVORCED Montgon Erry Md.
t the death certificate be executed within 24 hou the attending physician and campletely filled in be sit permit. Then please remave carban papers. nation, ar remaval, and in any event, within 72 hou	1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most) of working life, even if retired.) 12b. KIND OF BUSINESS OR during most of working life, even if retired.) 12c. USUAL OCCURATION (Kind of work done during most) of working life, even if retired.)
od v carb carb	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d INSIDE CITY LIMITS? 13e STREFT AND NUMBER
executed complete carbon any event,	When fand her wery Chese YES NO 6915 Rickewood AVE
and co	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
d in ar	Patricle Paul Maloney MARY TORON
ician lease and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, po, or unknown) (If yes give way or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address
ohys on p	VES WWI GIZABET MAJONEY - WIND - gdd. Same,
that the death certific an. by the attending physi transit permit. Then p cremation, ar remaval,	18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
attendi attendi permit. ian, ar ri	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myorashial Sularelega Simulated.
atte an, an,	4/09 DUE TO, OR AS A CONSEQUENCE OF
	Conditions, if only which gove (b) Coronary lessey Session Sys.
equires that the physician. signed by the burial-transit burial, cremat	stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
ysic ysic ned rial,	lost. (c)
sig bu	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital or attending physician. DIRECTOR: After this certificate has been signed by the attending physician as a should be detached for use as the burial-transit permit. Then please red with the State Deat. at Health priar ta burial, crematian, ar remaval, and in	2 10. DATE OF OUTDATION 101. CONDITION FOR HULLY OPPRATIONAL DESCRIPTION OF THE OUTDATION OUTD
then then das to as price	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 206. AUTOPSY? YES NO 216. ACCIDENT WAS UNDERLYING 1216. TIME OF INILITY 1216. HOW INILITY OF INILITY 1216. HOW INILITY OF INITITY 1216. HOW INITITY OF INITITY 1216. HOW INITITY 1316. HOW INI
or d te h use alth	YES NO ST CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2 (tem 18.)
e haspital or nis certificate trached for u	G CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor
refained by the haspite ECTOR: After this certification is shauld be detached with the State Dept. af	Lift either, notify medical examiner) P.M. 19
e ho iris tact Dep	21d. INJURY OCCURRED While Not while of work o
er the de de de de	of work of work 10 february attended the decorated from (122) 10 64 to 10 february
Aft Aft of Street	22a. I certify that (I) (this hospital) attended the deceased from 1964, to 1964, to 1964, that (I) (***) last saw the deceased alive an 1964, against that in (my) (***) opinion death accurred an the date and haur and from the
OR:	causes stated above, (i) (we) (ata) (ata not) view the body after death.
OR ATTENDING be retained by the IRECTOR: After it as shauld be d ad with the State	22b. SIGNATURE ATTENDING ATTENDING STAFF 22c. DATE SIGNED
DE D	DIRECTOR PHYS. DIRECTOR PHYS.
TAI may	22d. PHYSICIAN'S NAME (Type) James J. Foster 22e. ADDRESS 9/5 1941 N. Washington, DC
TO HOSPITAL OR ATTENDING Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 shauld be consult to be filed with the State	
Shar	236. BURIAL (REMATION, REMOVAL (Seedin) 23b. Date 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) REMOVAL (Seedin) 3-18-69 Gate of Heaven Cem. Silver Spring Marryland
1 1	REMOVATION 3-18-69 Gate of Heaven Cem. Silver Spring, Maryland 24. FUNERAL DIRECTOR ADDRESS 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE
VR A13 1414	ROBERT A. PUMPHREY, Bethesda, Maryland DATEMAR 2 0 1969 Charles Stockholder
134	DAIL WILL OF TOOL

THE PARTY OF THE RESERVE OF THE PARTY OF THE E, THE STREET NAME OF RESIDEN Town St. of Interest of Walter of Mary Land Con. Land West, Constant · ·

	04162	DIVISION OF VITAL RECORDS,	D STATE DEPARTMENT OF H 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH		04154
(Tyr	EASED-NAME First BERT	CHA E	Lost MANN	20. DATE OF DEATH March Month 6 Do	2b. HOUR
	Female	4. RACE White	S. DATE OF BIRTH April 12, 1	6. AGE (In years last behave)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS 2445 HOURS MIN
countr	RTHPLACE (Stote or foreign Maryland	7b. CITIZEN OF WHAT COUNTRY? U. S.A.	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Montgomery	M
	Y OR TOWN OF DEATH OCKVILLE	11. NAME OF HOSPITAL OR IN:	ley Nurs. Home	L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
13a. U admiss	SUAL RESIDENCE (Where deceose ion) Maryland	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d INSIDE CITY LIN Rockville YES X NO	The state of the s	Maryland Lve, Rockville
		Middle Lost W. Creek	15. MOTHER'S MAIDEN NAME FI Sarah Mal	rst Middle	Last
16a. V	VAS DECEASED EVER IN U.S. ARM , na, ar unknown) (If yes give wi	ED FORCES? or or dates of service) 16b. SOCIAL SECURITY I		Address son - same ite	em # 13
on series of the	onditions, if ony, which gave isse to immediate cause (o), tating the underlying couse state. PART & OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	OT RELATED TO THE TERMINAL DISEASE OR CO	Parkers 20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
WEDICAL 2	work at work 22. I certify that (I) (this saw the deceased at causes stated above 2b. SIGNATURE 2d. PHYSICIAN'S	HOUR A.M. Month Day Year P.M. 15 PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	ody after death. DEGREE PHYS. DEGREE PHYS. 22e. ADDRESS	Gity or Town O, to House, 19 nion death occurred on the de	County State 2 G. 7, that (I) (we) lose and haur and fram the DATE SIGNED MILLIANT G. 9
230. B	URIAL, CREMATION, 23b. D EMOVAL (Specify) 3/		CEMETERY OR CREMATORY awn Memorial Pk		(County) (State) Aontgomery, M
Lys Tys	neral director on Wheeler Fu	neral Home 1331 Rockville, M	Rock. Pike 250. RECD BY	1 11 401110 111 42	signature Judge

	Table to mantle	Charles and the control of the contr	20
gaça a fordi	DIVAN		
	of Sternan		
Ademost up r		.1.8.1.	
	ley suno. done to	Car Townson Victoria	
	early the train	second back	0.00
	0.245	Source of Research	
on - nade stor a 25 cm	we and it both	and the second control of the second control	
. Elvisor www. wiesto		gdozini i mir Elv	
TO THE OWNER OF THE PARTY OF TH	of Carlesons rate	to La o Panyay	Talk Armini

. X						STATE DEPARTME				
10			01100	DIVISION OF VIT	TAL RECORDS, 30	1 W. PRESTON STR	EET, BALTIMOR	E, MARYLAND 21201	0415	no pro-
		.0	04163		CER	RTIFICATE OF I	DEATH		0472	00
	٧ -:	1. D	CEASED-NAMEEH	rst	Middle	Lost		DATE OF DEATH		2b. HOUR
and and	death		ype or print)		1 1	1/-1		3 Month 30 E	Doy 69 Year	152
(SA &	20	3. SE		4. RACE	# 17	S. DATE OF BIR		0	IF UNDER 1 YEAR	IF UNDER 24 HRS.
₩	offe	3. 30	^ <i> </i> .	4. KACE	Section 1	/	/ -	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN.
Poole of	25		17a/e	Whi	ie	10/	3/1889	79 YR	3.	
7 0	0	7o. I	IRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT	COUNTRY? 8.	MARRIED 🛛 NEVER MARR	9. COL	INTY OF DEATH		
in 24 ho Filled in I	72	1001	tenna	115A	W	IDOWED DIVORC	ED 🗌	Ton Tanme	RV	Md.
nin 24 filled	Z.E	10. (ITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INSTITU	ITION (If not in haspital	12a. USUAL OCC	UPATION (King of work done	e 12b. KIND OF	BUSINESS OR
	1 × 10		Wheaton	give stree	oddress)	ille Norsingh	during mast af	warking life, even if retired.) INDUSTRY	
confed with	a ti	130.	USUAL RESIDENCE (Where deco				3d. INSIDE CITY LIMITS?	13e. STREET AND NUMBER		
complete	event,	adm	ssion) STATE	13b. COUNTY	Tanne	Bathosda	YES NO	66111 Bra	4	2.1.
8 8	2	14	ATHER'S NAME First	Middle	Last	1S. MOTHER'S MAI	DEN NAME Firet	Middle	wurn pe	last 0
be e	and in any	14.	Anne in	middle	11	1 1 1 1		11/2 00	/	LUSI
e b	di	1/1	NEV/	DATE CONCECT 11/1	SOCIAL SECURITY NO.	5 Whelen	ly Ini	repargi	2	
cat	0		WAS DECEASED EVER IN U.S. A es, no, or unknown) (If yes gr	ve war or dates of service)	70 1: 172	17. INFORMANT	MATTE	Aderess		D.
Phy Phy	or removo			5	110113.	22 HNNA	MATTHE	WS 6614-BA	AFBURN	TKWY
9 P	Ē		18. CAUSE OF DEATH (Enter	anly one couse per line fo	or (o), (b), and (c).)	1	, , ,	- 1/0	BETWEEN O	IMATE INTERVAL ONSET AND OEATH
at indi	- L		PART I. DEATH WAS CAU	DIATE CAUSE (a) P40	monany	y and cere	: Drue E	mpo/15h	2.	Thours
de de	, L		4349	DUE TO, OR AS A	CONSEQUENCE OF					
t the	cremation,		Conditions, if only, which gav	(e) (C	EMEBR.	AL Arte	niovole	rasis	101	toem.
hat .c	E = 0		rise to immediate couse (o stoting the underlying cous		CONSEQUENCE OF			/		
The low requires that the death certificate attending physicion. has been signed by the attending physiciar is as the burial-transit nermit. Then pleas	5		last.	6	Lenera	1/2 GA A	rteno	sclerosis	154	Color Ses
uire hysi gne	burial,	15	PART 2. OTHER SIGNIFICANT (CONDITIONS CONTRIBUTION		ELATED TO THE TEDMINAL	DISEASE OPCONDITI	ON CIVEN IN PART 1(a)		
P P P P P P P P P P P P P P P P P P P			TAKE 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	TO DEATH BUT NOT K	LUATED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN TAKE I(U)		
e low re tending is been	i i	NO.	19a. DATE OF OPERATION 119	b. CONDITION FOR WHICH	ODED ATION WAS DEDECO	OHED OF ALLEON	scvo.	20b. IF YES, WERE FINDING	CONCIDENTED IN C	COTICVING
The low ratending has been to the	prior to	CERTIFICATION	19d. DATE OF OPERATION	b. CONDITION FOR WHICH	JPEKATION WAS PERFOR			CAUSES OF DEATH?	CONSIDERED IN C	EKIIFTING
AN: The	Heolth	RIF				YES 🗌	NO 🔀			
N. Jor cote	leo leo		21a. ACCIDENT WAS UNDERL		URY lanth Day Year	21c. HOW INJURY OCCU	JRRED (Enter notur	e of injury in Port 1 or Part	2, Item 18.)	
2		MEDICAL	(If either, notify medical exo	miner) P.M.	19					
S PHYSICIAN: the hospital or this certificate		W	21d. INJURY OCCURRED 2	Te. PLACE OF INJURY (AT	HOME, FARM, STREET, FACTORY.	21f. LOCATION Street	ar R.F.D. No.	City or Town	County	Stote
PH and this eta	De		While Not while at wark	(on	CE BUILDING, ETC.					
OR ATTENDING PHYSICIAN: " be retained by the hospital or SIRECTOR: After this certificate a 3 should be definited for us			22a. I certify that (1) (this hospital) attend	ed the deceased f	from May >	9,1967.	to_Mar. 30	9 60 , that	t (1) (was) last
A P P P P P P P P P P P P P P P P P P P		1	22a. I certify that (I) (saw the deceased	alive an_ Ma	rehe30 196	G, and that in (my) (our) apinian	death accurred an the	date and haur	and fram the
ATTENI stained CTOR: A	the		causes stated abo	ive, (I) (we) (did) (did	not) view the bad	l∳ after death.				
A S D S	₹ *		22b. SIGNATURE	9/ //		ATTENDING	C 4 MED	STAFF D	C. DATE SIGNED	
OR De L	pa pa	6	Ashiph.	en firel	cust, pr	d , DEGREE PHYS.	MED.	R PHYS.	rarch 20	1969
A AL	20 ±		22d. PHYSICIAN'S	~		22e. ADDR	ESS	20101	×	- 1
PIT I	Per		NAME (Type)	TEPHENNT	LBURT, 1	MU	3000	Dent Pla	ice, IV	· h.
O HOSPITAL OR ATTEN Page 4 may be retained O FUNERAL DIRECTOR:	should be filed	23a	BURIAL, CREMATION, 23	b. DATE	23c. NAME OF CEM	ETERY OR CREMATORY	23d.	LOCATION (City or Town)	(County)	(Stote)
Pag C	3 5	7	REMOVAL (Specify)	APR-2 196	& GATE O	- H-11-11 (EM. 1	DHEATON	MD	
	(1)	24	EUNERAL DIRECTOR	////	ADDRESS	WASH DO	2Sa. REC'D BY REGI		R'S SIGNATURE	. 100
VR 30M	REV. 1768	1	lall IX	1/1/12	161-101	Vi the way	DATE APR	7 1969 400	corres you	1
	8000000		FORM T. NI	117 100	VELTUNE K	III IT MF	DAIL FAI TO			

12	MARYLAND STATE DEPARTMENT OF HEALTH
	04164 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH
. 2	CERTIFICATE OF DEATH
hours after death. In by the funeral Iso Pages 1 and 2 A hours after death.	(Type or print) Month Day Year
r de	SEX 4. RACE S. DATE OF BIRTH 6. AGE IN YEAR IF UNDER 24 HRS.
after he fur ges 1 after	M - 12 1906 last birthday) Months Oays Hours Min
Page urs	LEAT GAZAN
24 hours ed in by the appear Page n 72 hours	ountry) NEVER MARKIED NEVER MARKIED
4 P 97	Wash D. C. U.S.A. WIDOWED DIVORCED Montgomery D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF RUSINESS OR
within ely fille ban pa	give street address) during most of working life agree if setted \ INDISTRY.
wirbay, wit	Silver Spring 1905 Elkhart St. Retired - Johns Ropkits Lab. 30. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER
equires that the death certificate be executed within 2 physician. signed by the attending physician and campletely filler burial-transit permit. Then please remave carban paburial, crematian, ar removal, and in any event, within	dissign STATE 13b. COUNTY Silver Spring 1905 Elkhart St.
d co	4. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
be an	Lewis J. Matthews Annie Williams
e death certificate be attending physician permit. Then please an, ar removal, and	6g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT
ifice ld r al,	Yes, no, or unknown) (If yes give war or dates of service) yes Elizabeth & Matthews Silver Spring Md
cert g pł Ther mov	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSE AND ORATH /
ndin it.	PART I. DEATH WAS CAUSED BY:
de itter n, a	14/09 IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF ,
t the c	Conditions, if dry, which gave) ARTERIDSCLOROTIC CARDINASCULAR BOCKERS
hat n. ny tl ans rem	rise to immediate couse (a). Stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF DUE TO, OR AS A CONSEQUENCE OF
The law requires that the death certificate attending physician. has been signed by the attending physician ise as the burial-transit permit. Then pleas th priar to burial, crematian, ar removal, and	lost. DiAbetes Mellitus 14/2/Alxs
phy phy sign buri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
e law re trending as been as the priar to t	CEARBAN HATERIOSCIERSTIC VASCULAN VISEASE
AN: The law re ol ar attending icate has been for use as the Health prior to	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES NO 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2. Item 1B.)
The aff	YES NO CAUSES OF DEATH?
ICIAN: The pital ar at rificate had far use af Health	21 a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 ar Part 2, Item 1B.)
ICK affigured affi	[If either, notify medical examiner] P.M. 19
G PHYSIC the haspit this certif detached te Dept. af	
the this det	of work of work
by After Stat	220. I certify that (I) (this hospital) attended the deceased from 1967, and that in (my) (our) opinion death occurred on the date and hour and from the
ATTENDING PHYSICIAN: stained by the haspital ar CTOR: After this certificate shauld be detached far uith the State Dept. af Healith the State Dept.	saw the deceased alive on 114 14 19 1967 and that in (my) (our) opinion death occurred on the date and hour and from the causes stated above, (1) (we) (did) (did not) view the bady after death.
A Short	22b. SIGNATURE 22c. DATE SIGNED
OR OR See 3 ed w	Jooge & Patrick DEGREE PHYS. DIRECTOR DIRECTOR DIRECTOR 3,-20-69
AL DAY Page Penger File	22d. PHYSICIAN'S PARTY OF THE PLANT TO THE PLANT OF THE P
Page 4 may be retained by the haspital ar attending physician. **Page 4 may be retained by the haspital ar attending physician. **O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar to burial, cre	NAME (Type) TEDIGEDIPALRIER, IVIND SITUET SPINING DATE
HO Bge FUN FUN Fect Fect	36 BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5 5 5 ip	Rock Creek cemetery washington D.C.
VR A15 (4) 30M REV. 1/68	24. FUNERAL DIRECTORS Smith Language ADDRESS 250. REC'D BY REGISTRAR 28. REGISTRAR'S SIGNATURE
30M REV. 1/68	Waner E. Pumphrey, Inc. 8434 Ga. ave. Silver sp DATE MAR 2 8 1969 Polisales Vinger

		STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 3	301 W. PRESTON STREET, BALTIMORE, MARYLAND	21201
a. s.		ERTIFICATE OF DEATH	04157
# - 2 +	1. DECEASED-NAME First Middle	Lost 20. DATE OF DEATH	2b. HOUR
dea	(Type ar print) Alvivia	Maxson got	th Doy Year 3/5
fun l	3. SEX 4. RACE	S. DATE OF BIRTH 6. AGE (I	
urs after death. by the funeral Pages I and 2 furs after death.	Female white	10-20-77 last bu	thous) MONTHS DAYS HOURS MIN
	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY?	B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
in 24 ho	West Virginia America	WIDOWED DIVORCED Monto	somery Md.
vithin 24	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INST give street address)	ITUTION (If not in hospital 12q. USUAL OCCUPATION (Kind af duning most af warking life, even	work done 17b KIND OF RUSINESS OR
d within or with with with	Takoma Park washington &	initarium + Hospital None	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directar, page 3 should be detached far use as the burial-transit permit. Then please remove garban pages. Pages 1 and 2 should be filed with the State Dept. af Health priar to burial, cremation, ar remayal, and intany event, within 72 hours after death	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare admission) STATE MD 13b. COUNTY Montgomery	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND Wash, age on D CYES 10 NO 7437	NUMBER
S S S S	14. FATHER'S NAME First \ Middle Lost	15. MOTHER'S MAIDEN NAME First	Middle kast
cian and co	Albert Vee	Melispa	Clark
icate b sician please II, and i	16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 116b. SOCIAL SECURITY NO	D. 17. INFORMANT	Address
physician physician ten please aval, and i	None 176-30-9	457 Records - washington 5	Sanifarium + Hospital
at the death cer the attending p nsit permit. The mation, ar rema	18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	. 10	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
leat end mit.	IMMEDIATE CAUSE (0) Sunch	ial topumonia	Two Days
aff aff	DUE TO, OR AS A CONSEQUENCE OF	-1- 1 - n	
the the sit	Canditions, if any, which gave rise to immediate couse (a),	Dehililation- with Acute Pe	votilis Two Wook
tha nn. by can ren	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF		The state of the s
sicices sicice ed ol-to	last. (c)		
equires tha physician. signed by burial-tran:	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT	, RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART	1(a)
ng en he ta t	= Congestine Heart Fail	ure, Arteriosclerosis Gen	ordized
law ndi be be	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERF		E FINDINGS CONSIDERED IN CERTIFYING
The atte	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERF	YES NO NO CAUSES OF DEATH	
ar ar us	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter nature of injury in Part	1 or Port 2 Item 18)
for full for full for full for full for full for full full full full full full full ful	Growtributing Cause of Death HOUR A.M. Manth Day Yeor 19 19 19 19 19 19 19 1	2.11 How moon occomes (Emot nation of injury in Fall	1 di 1 di 1 2, mem 10.)
rSI asp cert hed thed	(If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTOR	(RY,) 21f. LOCATION Street or R.F.D. No. City or Town	County State
Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, director, page 3 should be detached far use as the burial-transit permit. Then physhould be filed with the State Dept. af Health priar ta burial, cremation, ar remaval,	21d. INJURY OCCURRED While at work at work	21. COCATION SHEET OF K.T.D. NO. CITY OF IDWIN	County State
IN ther the total	22a. I certify that (I) (this haspital) attended the deceased	from January, 1968, to March!	21 , 19 69 , that (1) (we) last
ND ed bed by the S are S	saw the deceased alive an///arch 21 19	ou, and that in (my) (our) opinion death occurred	on the dote and hour and from the
OR OF THE	couses stoted obove, (I) (we) (did) (did not) view the bo	ody offer deoth.	
R A RECT 3 st 3 st 4 with	22b. SIGNATURES Shuart & Malan M. O	DEGREE PHYS. ATTENDING MED. STAFF	22c. DATE SIGNED
D o o o o o o o o o o o o o o o o o o o	22d. PHYSICIAN'S	DEGREE PHYS. DIRECTOR PHYS. 22e. ADDRESS	U1 3-27-67
RAIL Pe	NAME (Type) Stuart L Nelson MD		lvd Silver Spring
OSF JNE ctar			
Pagi D Fl	DEMOVIAL (Co-::(-)		dridge Cty W. Va
	24. FUNERAL DIRECTOR ADDRESS		REGISTRAR'S SIGNATURE
VR A15 (4) 45M - 1/69		consib Ave DATE MARY 2 6 1969 25b.	Millowille Jardel
	Poth.	CHA TONIC	00

THE REPORT OF THE PROPERTY OF the test of the second second

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04158 CERTIFICATE OF DEATH 1. DECEASED-NAME Middle 20. DATE OF DEATH Pages 1 and 2 First Lost 2b. HOUR requires that the death certificate be executed within 24 hours after death the funeral (Type or print) Month BERCT 3. SEX 4. RACE 6. AGE (In years IF UNDER 24 HRS. last birthday) MAKE DAYS HOURS AUCASIAX 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED DIVORCED [Monte WIDOWED | KATHIA 12a. USUAL OCCUPATION (Kind of work done 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12b. KIND OF BUSINESS OR burial, cremation, or removal, and in ony event, with give street oddress) during most of working life, even if retired.) SILVER SPRIN 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 14. FATHER'S NAME Middle IS. MOTHER'S MAIDEN NAME First Middle 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT Address Yes, no, or anknown) physi en pl 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART I. DEATH WAS CAUSED BY: MYOCARDIAL CIRCA IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF 15-18 HOURS DUE TO, OR AS A CONSEQUENCE OF CIRCUMPLEX BRANCH, LEFT CORONARYA signed by the burial-tronsit p Conditions, if any, which gove) rise to immediate cause (a), stating the underlying couse ERIOSCIEKOTIC CORONARY A. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) director, page 3 should be detached for use as the should be filed with the Stote Dept. of Health prior to TO FUNERAL DIRECTOR: After this certificate has been 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? CAUSES OF DEATH? YES -NO [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) TENDING PHYSICIAN Poge 4 moy be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County While Not while at work 22a. I certify that (I) (this haspital) attended the deceased fram. 3/2 1969, and that in (my) (our) opinion death occurred an the date and have and from the sow the deceosed olive an____ couses stated above, (1) (we) (did) (did not) view the bady after death. Mercus DEGREE **ATTENDING** DIRECTOR PHYS. PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Lawrence D. Marcus 1111 Spring Street, Silver Spring, Md. (Stote) Va. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE (County) REMOVAL (Specify) Culpeper National Cemetery Culpeper, Prince William Co. 3-5-1969 250. REC'D BY REGISTRAR 24. funeral Director Joseph Gawler's Sons, Inc., 54005 Wisc. Ave. 2Sb. REGISTRAR'S SIGNATURE Wash. D.C. 20016

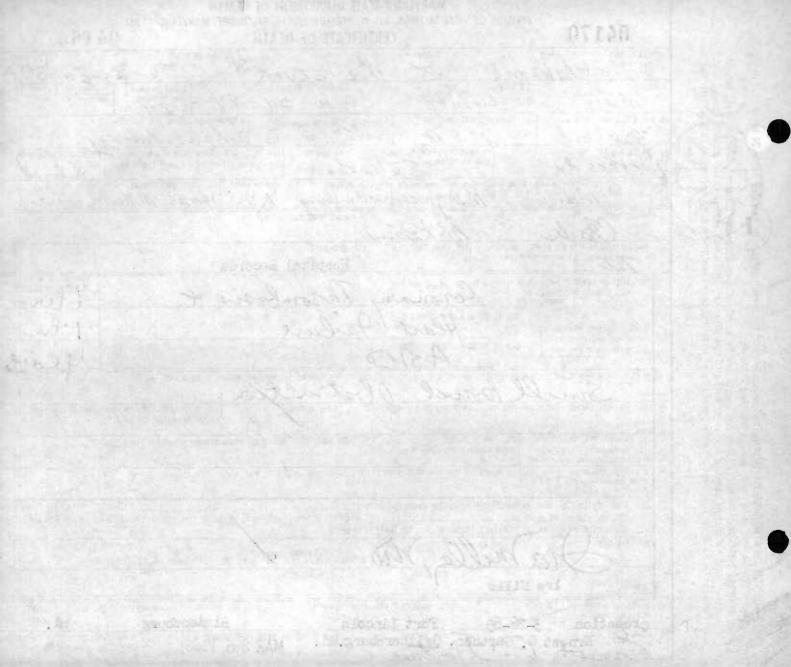
The two sections are the controlled 30 明 新创新品额 e the second of tip of . I something

	MARYLAND STATE DEPARTMENT OF HEALTH	
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
4	04168 CERTIFICATE OF DEATH 04160	
d 2 d ith.	1. DECEASED-NAME First ATHRYN Middle Lost 20. DATE OF DEATH 20. HO Month Doy Year	JUR
death. neral and 2 death.	1 Mc Cy/10h. 3 29 19/96	PM
<u>a</u>	3. SEX 4. RACE . S. DATE OF BIRTH 6. AGE (In years IF UNDER I YEAR IF UNDER 24	
a labe	Female White Apr. 3, 1891 last birthday) YRS, MONTHS DAY'S HOUR'S	MIN
by the factor of	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	70
28=	Maruland. U.SA. WIDOWED DIVORCED Montgomeny Co.	Md.
	ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS O	R
意 3970	Rockville give street oddress) during most of working life, even if retired. INDUSTRY	
be of	30. USVAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CMY OR TOWN 13d INSIDECITY LIMITS? 13e, STREET AND NUMBER	
ample co	Admission STATE NO 134 COUNTY Binnigha YES NO 2845 Thornhill Rd.	5.
be exected and can be remain any in any	14. FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost	
be ar ar	George W. McCullon. Linne Burkey bile	
ate icial leas and	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng. or unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address 222	_
ATENDING PHYSICIAN: The law requires that the death certificate be executed within stained by the haspital ar attending physician. CTOR: After this certificate has been signed by the attending physician and campitaly till should be detached far use as the burial-transit permit. Then please remave carbon point the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within	Yes, na, or unknown) (It yes give war or dates at service) 423-60-1703 U.L. Bealer (nenheral) Foresti	Tue.
ne death cer attending p permit. The	1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) APPROXIMATE INTERVAL BETWEEN ONSET AND DEA	Tu.
aff ndir or re	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACUTE CLA 24 FIRE	3
afte afte an, c	436 9 DUE TO OR-AS A CONSEQUENCE OF	
it the	Conditions, if any, which gave) PNOROLIZED HISTERIO (CLEROUS) YEAR.	2
that an. by 1 rans rrans	rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
es sicio ed led led led led led led led led led	lost. (c)	
equires physicio signed burial-ti burial, c	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(g)	
law re nding been s the iar ta	= P.S.H.T. & C.H.F.	
lav endi be s be is be riar	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? YES NO CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21b. HOW INJURY OCCUPRED (Externative of injury in Part 1 or Part 2 from 18.1)	
The after has se as	¥ES ☐ NO ☐ CAUSES OF DEATH?	
ar of earl		
d fife of F	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day Year (If either, natify medical exominer) P.M. 19 21d INITIALY OF CHIRPED 121e PLACE OF INITIALY AT HOME FARM. STREET, FACTORY 1 21f LOCATION. Street or P.F.D. No. (Phys. of Taylor) Street or P.F.D.	
ON ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by ple 3 shauld be detached far use as the burial-tranged with the State Dept. af Health priar ta burial, cren	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Sta	10
this deta	While Not while at wark at wark	
frer be contracted the contracted th	22a. I certify that (I) (this haspital) attended the deceased from MAR 28, 1969, to MAR 29, 1969, that (I) (we)	last
ed ed ld	saw the deceased alive on MAR 1964, and that in (my) (our) opinion death occurred on the date and hour and from causes stated obaye, (I) (we) (did) (did nat) view the bady after death.	the
Trie do the		
on on one of the open of the o	ATTENDING MED. STAFF OF STAFF	
y be age	22d. PHYSICIAN'S 22e, ADDRESS 22e, ADDRESS	_
RAI Pe	NAME (Type) OBERT C. DATORIO 343 CEPAR LANG ROTHESON	7
TO HOSPITAL ON ATTENDING PHYSICIAN: The law requires that the death certificate is Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician director, page 3 shauld be detached far use as the burial-transit permit. Then please shauld be filed with the State Dept. af Health priar to burial, crematian, or removal, and	23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)	=
Pag dire sho	REMOVAL (REMAILIN), 230. DATE 230. NAME OF CEMETERY OR CHEMORIAL TEROSTRURG ALLEG MT	5
(2)	24. FUNERAL DIRECTOR 250, REC'D BY REGISTRAR 250 REGISTRAR 550 GMATURE	٥
VR A15 (4)	Joseph Robert Fronthero APR 3 1969 Minutes Judge:	

					DEPARTMENT OF				
		04169	DIVISION OF VITAL RECORDS		RESTON STREET, BA		ARYLAND 2120	0416	1
# 1		CEASED-NAME First ype or print)	Middle		Last	2a. DATE			2b. HOURP
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. be retained by the hospital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers: Pages 1 and 2 ed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 70 hours after death.	(,	R/uth	NMN	McF	Keehen	Marc	h Month 5	1969 Yeor	11:55
full fer full	3. SE	X	4. RACE		S. DATE OF BIRTH	2.052.0	6. AGE (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS
y the t		Female	White	C 200	August 9.	1985	last birthday)	YRS, MONTHS CIAYS	HOURS MIN
by by	7o. E	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY	OF DEATH		
24 h	Κε	insas	America	WIDOWED 5	DIVORCED	Mon	tgomery		Md.
equires that the death certificate be executed within 24 physician. signed by the attending physician and completely filled burial-transit permit. Then please remove carban pagaburial, crematian, ar remaval, and in any event, within A	1D. C	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR II	NSTITUTION (If na	t in hospital 12a. U	SUAL OCCUPATION	ON (Kind of work do	ne 12b. KIND OF E	BUSINESS OR
with with bank		ıkoma Park	give street address) Washington	Sanita	arium during	furse working	ng life, even if retire	d.) INDUSTRY	
plet cart	13a. admi	USUAL RESIDENCE (Where deceos ssion) STATE	ed lived, if institution: Residence before	13c. CITY OR			STREET AND NUMBER		
ecut ove	Wa	ishington D.C	C D.C. W	lashing	ton DYEST	NO 3	244 38th	Street	NW
a mud	14. F	ATHER'S NAME First	Middle Lost	15.	MOTHER'S MAIDEN NAME	First	Middle	е	Lost
on be		Thomas	Stout		Lava	See Line	nis	Yoakum	
sicio		WAS DECEASED EVER IN U.S. ARM es, na, ar unknawn) { (If yes give w	or or dates of service)		IFORMANT		Addres	S	- 3 - 4
phy en ava		no	240-90-561		Patient's	chart			
ing ing		18. CAUSE OF DEATH (Enter on	y one cause per line for (a), (b), and (c		OPET				ATE INTERVAL
deat mit.		PART I. DEATH WAS CAUSED	TE CAUSE (0) CAROLA	C M	RREST				
aff per ian,		4123	DUE TO, OR AS A CONSEQUENCE O	F	0261 50	6000		1.	411.
at the the mat		Conditions, if ony, which gave rise to immediate cause (o).	(b) GEN.		ROSLER	0367		min	1175
by train		stoting the underlying cause	DUE TO, OR AS A CONSEQUENCE OF		0000+	- 0		YEO	LR (
nires nysic ned rial- rial,		last.	(1)_1+6F11		PROCE			1100	(0,)
requestion significant properties and significan	.9		DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO			VEN IN PART 1(a)		
ding ding been the	NOI	UIABETE 190. DATE OF OPERATION 196.	CONDITION FOR WHICH OPERATION WAS P		SCEATE		AF MES MESSES		
AN: The law requires that are attending physician, icate has been signed by for use as the burial-traited the prior to burial, cre	CERTIFICATION	170. DATE OF OPERATION 17B.	CONDITION FOR WHICH OPERATION WAS P	EKTOKMED	20a. AUTOPSY?	CALIS	IF YES, WERE FINDIN SES OF DEATH?	GS CONSIDERED IN CE	RITFYING
ar a ar a vise har a saith	ERT	21a. ACCIDENT WAS UNDERLYIN	G 21b. TIME OF INJURY	121- 40	YES NO			. 0 1: 101	
IAN fical for for He		OR CONTRIBUTING CAUSE OF DEATH	HOUR AM Manth Day Yea	r ZIC. HO	W INJURY OCCURRED (En	iter nature at in	lury in Port I or Por	1 2, Item 18.)	
OR ATTENDING PHYSICIAL be retained by the hospital DIRECTOR: After this certifice ge 3 shauld be detached fa led with the State Dept. af H	MEDICAL	(If either, natify medical examin	PLACE OF INJURY (AT HOME, FARM, STREET, F.	ACTORY \ 016 100	TATION CALL DED	N- C'			***
PH) e he his tack		While Nat while at wark	OFFICE BUILDING, ETC.	211. 100	CATION Street or R.F.D.	NO. CI	ty or Town	County	Stote
th the de de			s hospital) attended the deceas	and from	2 . /2 10	100 00	2 (19 67 that	711 / 1 /
Afte be Stee		sow the deceased al	ive-on 3	19/29, and	that in (my) (our) o	ninian death	accurred on the	e date and hour o	(1) (we) tast
OR:		causes stated abave	(I) (we) (did) (did not) view the	bady after de	eath.	pinian doon	r decorred an in	c date and noor (ind from the
A September 1 September 2 Sep		22b. SIGNATURE	I I		ATTENDING	MED.	STAFF -	22c. DATE SIGNED	
DIR be		down	0 1028	NU DEGRE	t PHYS.	DIRECTOR L	J PHYS.	3/6/69	
TAI nay ba ba big ba big		22d. PHYSICIAN'S NAME (Type)	IN L. FOR	0	22e. ADDRESS 8			1741 122	UDE.
NER NER Jild E							- / · · ·	6 MO	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital ar attending TO FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the should be filed with the State Dept. af Health priar ta	230.	BURIAL, CREMATION, 23b. I	DATE 23c. NAME OF	CEMETERY OR C	REMATORY	23d. LOCAT	TION (City or Town)	(Sounty)	(State)
5-5	2/	FUNERAL DIRECTOR	1/ Jaw /	Rencaln		BY REGISTRAR	as manar	ADE SIGNATURE	ma.
VR A15 VA	Ta	Roya frugeral	10018 254 (av)	2040 51	DATE M		1969	AR'S SIGNATURE Que	del
45/11	KL	rumble chesters	accounted	10 12	DAIL M	WILTO	1000		0

PATAG

	MARTLAND STATE DEPARTMENT OF HEALTH	
9	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	114170 CERTIFICATE OF DEATH 0416	2
4 -24	A DAIL OF DEATH	2b. HOUR
dea and dea	(Type or print) William 5. Mc/EEVER 1/2 Month Day Year	
a 47 a	SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 16 UNDER 1 years)	AR IF UNDER 24 HRS.
CERTIFICATE OF DEATH 1. DECEASED-NAME (Type or print) 1. DECEASED-NAME (Type or print) 3. SEX 4. RACE 5. DATE OF BIRTH 10 - 24 - 84 6. AGE (In years lost birthday) 7a. BIRTHPLACE (Stote or foreign country) 10. CUT OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 10. CUT OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before lag. (ITY OR TOWN) 13b. COUNTY M Tamacas Cathers buy YES NO 1902 MINIST NAME 14. FATHER'S NAME 15. MOTHERS MAIDEN NAME First Middle 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no extendagown) 16b. SOCIAL SECURITY NO. 17 INFORMANT 18 CAUSE OF DEATH (Eyer only one cause are lived; (b) and (c)) 18 CAUSE OF DEATH (Eyer only one cause are lived; (c) (b) and (c))	YS HOURS MIN	
aur aur	2. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARDIES XVIEWS MARDIES 9. COUNTRY OF DEATH	
d in pers. 72 h	New York 4.57 WIDOWED DIVORCED Montgomeky.	Md
fille fille thin	11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 125. KIND	OF BUSINESS OR
ban ban	Suburban.	hust
ed car car		AI
ove ove	Md. 100 M Mtymery Oathersbury YES NO 19025 Mills choice	Ad.
O D D D D D D D D D D D D D D D D D D D	4. FATHER'S NAME First Middle Lost IS. MOTHERS MAIDEN NAME First Middle	Lost
de de la	(priles mc Keener)	
an ole of		
ohys on p	Hospital Records	
The The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)	ROXIMATE INTERVAL EN ONSET AND DEATH
ndin nit.	PART I. DEATH WAS CAUSED BY: COLONARY / Months fix of	Pen-
atte	4/09 DUE TO, OR AS A CONSEQUENCE OF / O * O	^
the sit protection	(Conditions, if only, which gove)	Lu !
that in. by tan: an: rem	stating the underlying couse (o), DUE TO, OR AS A CONSPQUENCE OF	
sicio sicio ed al-tr		P. ROCK
qui phy sign suri	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ng en he tak	Sould have a nothing the	
lay be a til	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY 20b. IF YES, WERE FINDINGS CONSIDERED III YES NO CAUSES OF DEATH? 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED. (Feter nature of injury in Part 1 or Part 2 from 183)	N CERTIFYING
The atte	YES NO CAUSES OF DEATH?	
ar are		
CGA Fiftigual for the second of the second o	GOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year 19 P.M. 19	
rosp cer chec	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. 10CATION. Street of P.F.D. No. City of Town.	State
JING PHYSICIAL by the haspital ffer this certifice be detached fa	While Not while of work of work	
ING Dy t ter ter tate	22a. I certify that (I) (this haspital) attended the deceased fram 19 , 19 , ta 19	at (I) (we) last
ND ND ND S of E	saw the deceased glive an	ur and fram the
OR ATTEND be retained DIRECTOR: A le 3 shauld ed with the 8	causes stated abave (1) (we) (did) (did nat) view the bady after death.	
R A ret	226. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED	
Dige ge	DIRECTOR PHYS.	
ZAL RAL SAL Pe f be f	22d. PHYSICIANS NAME (Type) lra Mills	
TO HOSPITAL OR ATTENDING PHYSICIAN: The low repage 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health priar to		
A FLU	b. Burial, CREMATION, REMOVAL (Specify) Crestation 3-26-69 Fort Lincoln 23c. NAME OF CEMETERY OR CREMATORY Bladensburg	(Stote)
5-5	ADDRESS - ADDRESS - LOS DECICTORD LOS DECICTORD LOS DECICTORDES CICMATURE	Md.
VR A15 45M · 1	mar 26 1969 xcharles start start and MAR 26 1969 xcharles for	se.
45/11 . 17	(meet (- Xarlner DATE	7



				7 2 30
0.11				
	(2.2)	00 00 00		
			1	1000
	the second second			
		appear to sith year	on was the off	2.19(8)
		gradus galleries volum	86	and the second
	Ac.		******	٠,
		on no processo à	in ha stands Signal column	
FU.0.				
				at the court
			25015	
	decord in the Tale All County Inc.			
4			02 21	eds Especial

Color to want to the form of the

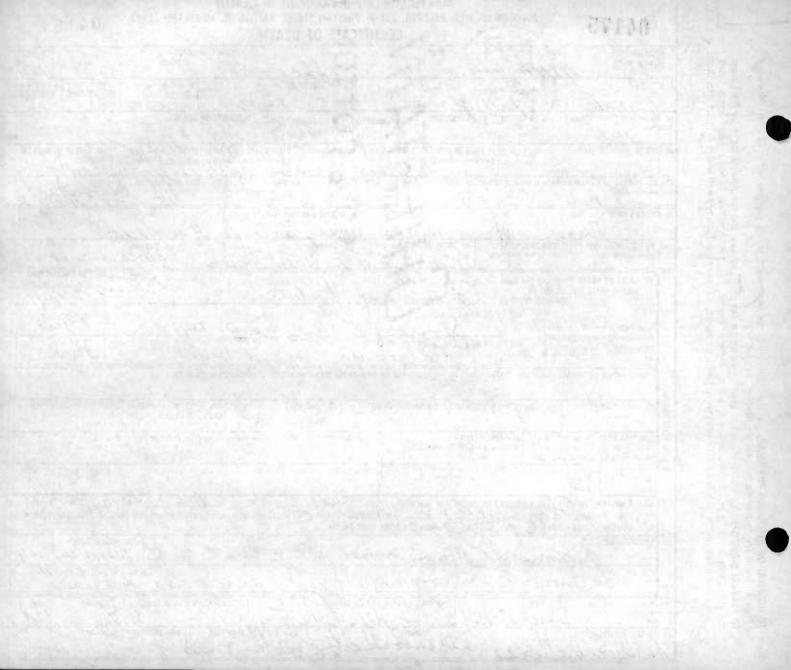
15 1		04172	DIVISION OF VITAL RECOR	DS, 301 W. F	PRESTON STREET, BALT		RYLAND 21201	041	64
. 4 72		CEASED-NAME First	t Middle	421(1111	Lost	2a. DATE OF	DEATH		2b. HOUR
death death death	(1	ype or print) HUGO	NMN	MELLA		MAH	RCH 30, Da	1969 ^{eor}	9:15M
5 A 3	3. SE		4. RACE		S. DATE OF BIRTH		l 6. AGF (In years	IF UNDER 1 YEAR	IF UNDER 24 HRS.
S of a of	M	ALE	CAUC		26 FEB., 188	38	last birthday) 81 YRS.	MONTHS DAYS	HOURS MIN
haurr in by ers. p		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF	DEATH		
24 h d in pers 72 h	COUR	INDIANA	USA	WIDOWED	XX DIVORCED	MONTO	GOMERY		Md.
icate be executed within 24 haurs isician and completely filled in by please remave carbon papers. Pl., and in any event, within 72 hours		BETHESDA	11. NAME OF HOSPITAL (give street oddress) NAVAL, H	OSPITAL.	not in haspital 12a. USU/ during m BETHESDA		(Kind of work dane life, even if retired.) ARMY—RETIR	12b. KIND OF INDUSTRY ED PHY	BUSINESS OR SICIAN
ecuted with completely ave carbor y event, wi	13a.	USUAL RESIDENCE (Where deceo	sed lived if institution: Residence be		R TOWN 13d. INSIDE CITY L	IMITS? 13e. STI	REET AND NUMBER		
ate be executed rician and complet lease remaye car and in any event.	oain	virgini STATE	13b COUNTY ARLINGTON	ART	INGTON YES NO	33	3 GLEBE RI),	
and cond in any	14. [ATHER'S NAME First		ist	S. MOTHER'S MAIDEN NAME F	irst	Middle		Last
Se r din d		GUSTAVE MEL			LOUISE	GUGGI	ENHEIM		
errificate by physician onen please naval, and ii		WAS DECEASED EVER IN U.S. AR es, na, or unknown) (If yes give	war ar dates of service)		INFORMANT	0 4	Address	107.17	
phy en aval		ES	229601		ordon w. mell		BRICE RD.	4 5 5 6 6 7 7	LLE, MD,
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death, be retained by the haspital ar attending physician. NIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the strength e.3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Place and 2 and 2 and 2 with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within 72 hours often death.		Conditions, if any, which gove rise ta immediate cause (a), stating the underlying couse last.	(b)	E OF	T VENTRICLE			BETWEEN O	MSET AND DEATH
aw req nding p been si the b artabi	TION		condition for which operation w	- 3.	20a. AUTOPSY?		YES, WERE FINDINGS	CONSIDERED IN C	ERTIFYING
he I atter	CERTIFICATION	THE OTHER PROPERTY.	. CONDITION TOR WHICH OF ERMION W	TER ORNED	AEZ KOK NO	CALICEC	OF DEATH? UES		ERTH THE
ICIAN: T pital ar c rificate I d far uss af Health	MEDICAL CERT	21a. ACCIDENT WAS UNDERLYI OR CONTRIBUTING CAUSE OF DEA (If either, notify medical exam	HOUR A.M. Month Doy P.M.	Year 19	HOW INJURY OCCURRED (Ente	r nature of inju	ry in Part 1 or Port 2,	Item 18.)	
G PHYSIC the haspir this certi detached	WE	While Not while			OCATION Street or R.F.D. No		or Town	County	Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. af Health prior to		22o. 1 certify that (X) (the sow the deceased causes stated above	his haspital) attended the de olive an 30 MARCH ve.(1) (we) (did) (didxxx) view	eased fram 3 19 69, or the bady after	nd that in (xax) (our) opideath.	inion death o	O MARCH , 19 occurred on the d	69 , that ote ond hour	メリ (we) last and fram the
ALOR A y be rett L DIRECT age 3 sh filled wit		22b. SIGNATURE Ros 22d. PHYSICIAN'S		nmy	THE PHYS. D	MED. DIRECTOR	STAFF PHYS. 22c.	31 MARC	н 1969
FIT/ mg ERAI		NAME (Type) CHAR	RLES S. CRUMMY MI			SPITAL	BETHESDA	, MD.	
TO HOSPITAL Page 4 may be file should be file		REMOVALISMATION 4	-1-1969 CE	OF CEMETERY OF	ILL CREM.	130	NICHUSE LOWN)	(County)	O A
VR A15 (4) 30M REV. 1/68		FUNERAL DIRECTOR WASHI	INGTON, D.C. ADI AND SONS FUNERAL	HOME W	AVE . 25 a. REC'D E	REGISTRAR 1	25b. REGISTRAR	SIGNATURE SA	ye.

MARYLAND STATE DEPARTMENT OF HEALTH

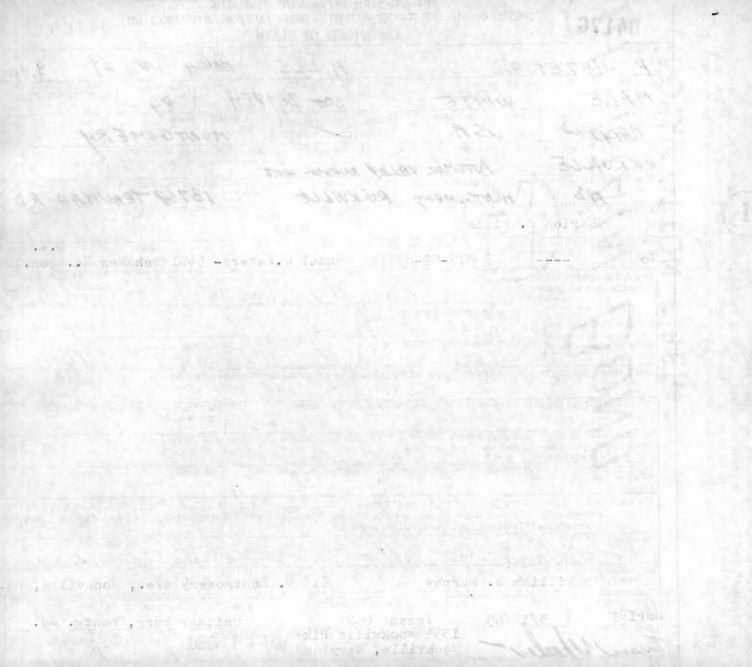
					A 1 1 1
	250		els		·
		c,	and the same		01.510
	VSCHOOL STREET				a least
	5 1 1 110	t sci			4 - c. 5 c
			CS:		HEROT
	enice i instinc Van Ligaria				
		et no. Statistica			
oren (125 C		snožžak noč ova nžano	orliga e : one e	27-1-1	

Rockwille, Md

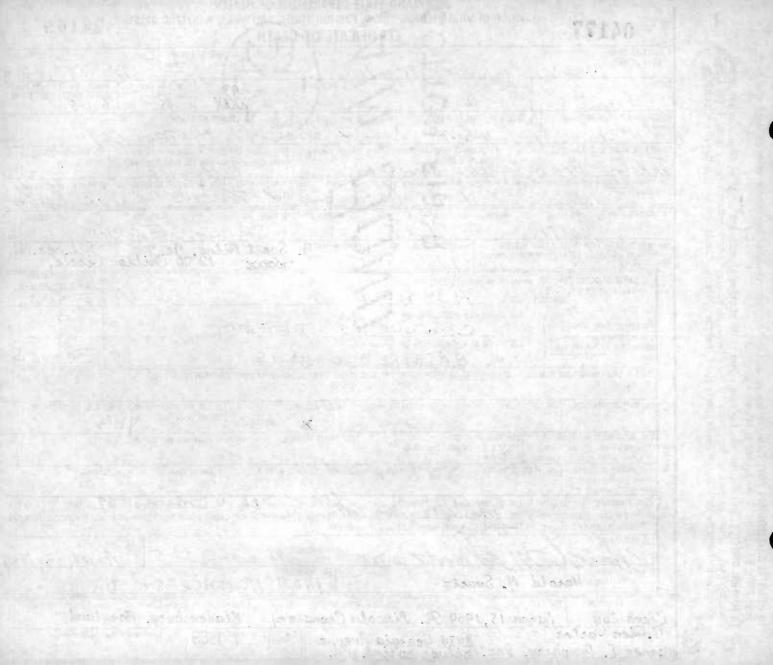
				231143
		VALUE OF THE		
				10 miles
THE SEASON				TO P.
				15 mm - 12
	450			
				Called Miles



				ND STATE DEPARTMENT OF		
I		04176	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAI CERTIFICATE OF DEATH		04168
dedin.	1. D	ECEASED-NAME Fir	st Middle	Lost	2a. DATE OF DEATH	2b. HOUR
		(vne or print)	KIAH	MILLS	MARCH Manth 14 D	Day 6 9 Year 9. Un.
	3. 51		4. RACE	T3. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS.
		MALE	WHITE	OCT 31,18	6. AGE (In years last birthday)	MONTHS DAYS HOURS MIN
	70.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	2.1
	caul	MARYLAND	USA	WIDOWED DIVORCED	MONTGOM	ERY Md
		ITY OR TOWN OF DEATH		NSTITUTION (If nat in haspital 12a. US	UAL OCCUPATION (Kind of work done	e 126. KIND OF BUSINESS OR
		ROCKUILLE	give street address)	I FU MICIESIAKE LANT	mast af warking life, even if retired.) "INDUSTRY
700	13a. adm	USUAL RESIDENCE (Where dece ission) STATE	ased lived, if institution: Residence before			2.1111.
2		J/D	13b. COUNTY GUMERY	TO-KUIDDE =	NO 13768 TE	AUILAH RD
	14. 1	Charles	s R. Mills	IS. MOTHER'S MAIDEN NAME Mary	First Middle	Last
	160	WAS DECEASED EVER IN U.S. A	RMED FORCES? 16b. SOCIAL SECURITY		Address	D.C.
	Y	as, na, ar unknawn) (If yes giv	e war or doles of service) 217-09-8	381A Hazel G.Pe	ters- 5401 Weha	ken Rd. Wash. 16
		18. CAUSE OF DEATH (Enter	anly ane cause per line far a), (b), and (c	W) /		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
l		PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (a) _ CAR A	uc Tarter	l	Lewin
	13	4409	DUE TO, OR AS A CONSEQUENCE OF			0
		Canditians, if any, which gaverise to immediate cause (a)		Pelorons	20	20grs.
		stating the underlying caus		1.00	200	(1)
		last.	1) (1) (1) (1) (1) (1)	Heavelles 14	actions	1095-
		PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL DISEASE OF	R CONDITION GIVEN IN PART 1(a)	
	NOI	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS P	EDEODATED ON AUTODOUG	AND IF HER HARD SHADING	CANCASAS III CONTINUE
	CERTIFICATION	17d. DATE OF GERATION	b. CONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY? YES \ NO [CALICEC OF DEATHS	S CONSIDERED IN CERTIFYING
		21a. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCCURRED (Ent	ter nature of injury in Part 1 or Part 2	2, Item 18.)
	MEDICAL	OR CONTRIBUTING CAUSE OF DI (If either, natify medical exar		9		
-		21d. INJURY OCCURRED 21		ACTORY.) 21f. LOCATION Street or R.F.D. N	la. City ar Tawn	Caunty State
		While Nat while at wark	1		-a .1/h	
		22a. I certify that (I) (1	his hospital attended the deceasalive and the deceasalive and the deceasalive are the deceasalive and the deceasalive are the deceasalive and the deceasalive are the deceasalite are the	sed from 19	0 / , 10 / 4 man /11	9 of, that (I) (we) last
		saw the deceased- causes stated abo	ver(I) (we) (did) (did not) view the	bady after death.	pinton death occurred on the c	date ond hour ond from the
		22b. SIGNATURE		100	220	c. DATE SIGNED
		MY	Mund ly /1	DEGREE PHYS.	MED. DIRECTOR D STAFF PHYS.	4MIselen
Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physical director, page 3 shauld be detoched for use as the burial-transit permit. Then possible hiled with the State Dept. af Health priar to burial, crematian, ar remaval,		22d. PHYSICIAN'S NAME (Type) Wil	lliam S. Murphy	22e. ADDRESS 615 W. M	ontgomery Ave.,	Rockville, Md.
	23a.	BURIAL, CREMATION, 23b	. DATE 23c. NAME OF	CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	_	SEMOVAL (Specify)	3/18/69 For	est Oak	Gaithersburg,	Montg. Md.
	24.	FUNERAL DIRECTOR	1334DORR	ockville Pikeso RECE	BY REGISTRAP 69 25b. REGISTRAP	'S SIGNATURE
	1	ysoal whe	eles Kockvi	lle, Marylandallian		() ()
		//				

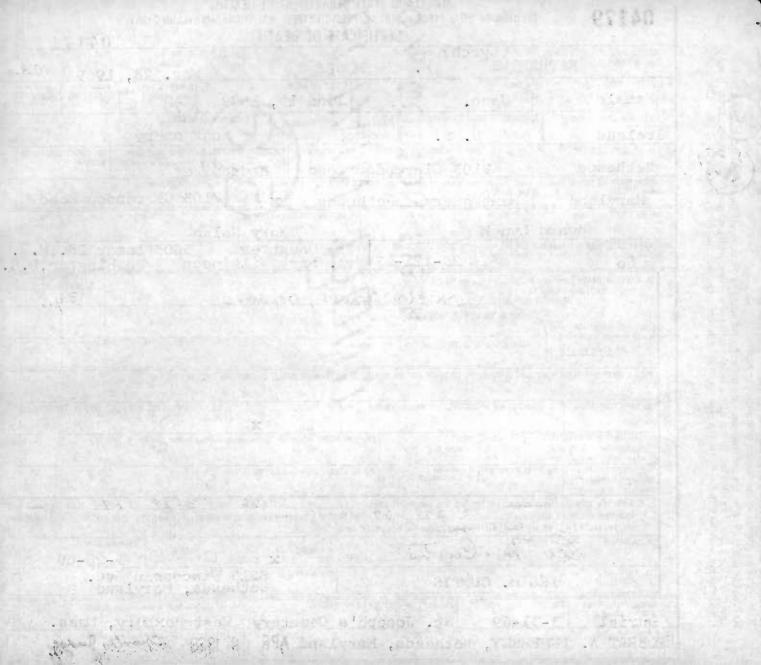


	MARTLAND STATE DEPARTMENT OF HEALTH
13.	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 64169
	CERTIFICATE OF DEATH
:	1 DECEMBED WANT
# = #	(Type or print)
응 흔 등 용	Month DORIS MARGUERITE MILNE Month Day Year 7404
a 3 - 5	3. SEX 4. RACE S. DATE OF BIRTH 2 6. AGE (In years Funder 174 RS.
aft af	Fe lost bithday) Months Days Hours Min.
Pa Pa urs	77 1103
hou hou	70. BIRTHPLACE (Stote or foreign country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
in 24 hours after death. iilled in by the funeral papers. Pages Land hin 72 hours after death.	MICH U.S.A WIDOWED DIVORCED MONTGOMERY MC
e executed within 24 and campletely filled remove carban pape in any event, within 77.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b KIND OF RUSINESS OR
within son pa	during most of warking life, even if reticed.) INDUSTRY
w petel	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER SILVER Secret.
coted conde	admission) CTATE
8 15 3 5 15	admission) STATE Md. 136. COUNTY MONT STLUER SPRING YES IN NOW 1405 LeISTER ORIVE
or executed within and campletely fille remove carban poin any event, within	14. FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle Last
in in	CURTIS FORD STELLA GREEN
ertificate be physician (nen please aval, and ir	NAC MAC DECEASED EVED IN ILS ADMED EDDOES 144 COCIAI SECURITY NO 127 INFORMANT O C MACA
ica sic l, c	Vac no neural neural Blass grass use as detected as a control of the control of
ph)	
ne death certif attending phy permit. Then Ion, ar remava	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) BETWEEN ONSET AND GEATH APPROXIMATE INTERVAL BETWEEN ONSET AND GEATH
ne death attendir permit. ion, ar re	PART I. DEATH WAS CAUSED BY:
dea then rmit r, ar	1/1/0
he de lo	DUE TO, OR AS A CONSEQUENCE OF
that the clan. by the attraction, cremation,	Conditions, if ony, which gave irise to immediate cause (a). (b) CONDUCTION DEFECT
tho In. In. In. In.	stating the underlying cours? DUE TO, OR AS A CONSEQUENCE OF
es icicio il, c	lost. (c) ARTHERD SCLOROSIS 30+YLS
The law requires that the death certificate be attending physician. has been signed by the attending physician as as the burial-transit permit. Then please ith priar ta burial, cremation, ar remaval, and in	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)
bi bi bi bi bi	THE E-CHIEF SIGNIFICANT CONSTITUTE TO DESTINATION OF METALED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)
The law ratending has been se as the th priar ta	NO CONTRACTOR OF THE PROPERTY
end end ss b as sria	196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
I: The law re ar attending te has been s use as the lalth priar ta	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? 21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INILIPY 21b. HOW INILIPY OF INILIPY OF INILIPY
IAN: The all are at items in the all t	
IAN: ral a ficati far far far	S OR CONTRIBUTING CAUSE OF OEATH HOUR A.M. Month Day Year
SICI Spirit Spirit ed ed of	G (If either, notify medical examiner) 19 214 NULLEY OF CLASS OF DEATH 19 214 NULLEY OF CLASS OF DEATH 215 NULLEY OF CLASS OF DEATH 216 NULLEY OF DEATH 217 NULLEY OF DEATH 218 NULLEY OF DEAT
HY S c ach ept	21d. INJURY OCCURRED While Nat while Nat while 121e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, OFFICE BUILDING, ETC. 21f. LOCATION Street or R.F.D. No. City or Town County State
OR ATTENDING PHYSICIAN: be retained by the haspital ar DIRECTOR: After this certificate e 3 should be detached far u ed with the State Dept. of Heal	at wark — at work —
NN yy there is the contract that	220. 1 certify that (I) (this hospital) ottended the deceased from from the saw the deceased alive on March 12 1969, and that in (my) (our) opinion death occurred on the date and haur and from the
d b d b e S e S e	saw the deceased give on March 12 1969, and that in (my) (early opinion death occurred on the date and hour and from the
the section of the se	causes stated abave, (I) (we) (did not) view the bady after death.
ith care and she she care and s	22b. SIGNATURY 22c. DATE SIGNED
d × 3	ATTENDING PO MED. STAFF C
o d o d o d o d o d o d o d o d o d o d	
AI Do be	22d. PHYSICIAN'S NAME (Type) Harold M. Swartz 22e. ADDRESS 1407 NORTHCREST DR
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached far us shauld be filed with the State Dept. of Healt	
HO FUI FUI	230. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
0 0 0 in 10	Cremation March 15, 1969 It. Lincoln Crematory Bladensburg, Maryland
00	
VR A15	8434 Geergia Huenne MAN 1 9 1303
4211 . 1142	Warner E. Pumphrey, Inc. Silver Spring, Md. DATE



The second secon 9.13 purity and the company of the contract of the THE PROPERTY OF THE PROPERTY O A TOUR STATE OF THE STATE OF TH A Section of the sect in the contract of the contrac Literate can proper of the The deficiency of the state of The Tribut Control of the Country of Location of the state of the st Contraction of the Contraction o

-41		04179	DIVISION OF VITAL RECORDS, :			
				ERTIFICATE OF DEAT		04171
er death. funeral i 1 ond 2 ter death.	((Lynch)Middle ERINE M.	MOORE Lost	2a. DATE OF DEATH Month Mar. 28	1969 104.M
to a set to	3. S	Female	4. RACE Cauc.	June 19,	1889 6. AGE (In years last birthday) 79 YRS.	MONTHS DAYS HOURS MIN
2 hours	cou	reland	U.S.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery	Md.
within within	1	CITY OR TOWN OF DEATH Bethesda	11. NAME OF HOSPITAL OR INST	ndon Road	USUAL OCCUPATION (Kind of work dane g most of working life, even if retired.) HOUSEWITE	12b. KIND OF BUSINESS OR INDUSTRY
	13a. adm	USUAL RESIDENCE (Where decease ission) STATE Maryland	d lived, if institution: Residence before	13c. CITY DR TDWN 13d. INSIDE C		idon Road
ote be execution and complete remarked and in only every expectation.	14.	FATHER'S NAME First Edward	Middle Lost	15. MOTHER'S MAIDEN NAM		Lost
tificate by thysician on please vol, and it	160	. WAS DECEASED EVER IN U.S. ARM Yes, no, ocunknawn) (If yes give wa			ter 5603 dd Lam	ar Rd., N.W.
PHYSICIAN: The low requires that the death certificate be executed the hospital or oftending physician. This certificate has been signed by the oftending physician and completed for use as the burial-transit permit. Then please remave call Dept. af Health prior to burial, cremation, or removal, and in ony evert		DADT I DEATH MAC CALICED	ane cause per line far (a), (b), and (c).)			APPROXIMATE INTERVAL BETWEEN ONSET AND OFATH 3
OR ATTENDING PHYSICIAN: The low requires the be retained by the hospitol or ottending physician. DIRECTOR: After this certificate hos been signed by e 3 should be detoched for use as the buriol-trailed with the State Dept. af Health prior to buriol, cre	ATION		OITIONS CONTRIBUTING TO DEATH BUT NO		OR CONDITION GIVEN IN PART I(a) [20b. IF YES, WERE FINDINGS ((ONSIDERED IN CERTIFYING
SICIAN: The low rec spitol or ottending perificate hos been s ed for use as the b af Heolth prior to b	L CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	YES NO	CAUSES OF DEATH? Enter nature of injury in Part 1 or Port 2, 1	
PHYSICIA e hospito his certific stoched fo Dept. af H	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine) 21d. INJURY OCCURRED 21e. F While Nat while at work	HOUR A.M. Month Day Year P.M. 19 PLACE OF INJURY (AT HOME, FARM, STREET, FACTO OFFICE BUILDING, ETC.	(DRY.) 21f. LOCATION Street or R.F.D.	. No. City or Tawn	County State
TO HOSPITAL OR ATTENDING PHYSICIAN: 1 Page 4 may be retained by the hospital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. af Healt		22o. I certify that (I) (this	hospital) oftended the deceosed ve on 3 - 2 7 19 (I) (we) (did) (did not) view the b	I from, I © 7, ond that in (my) (our) ody ofter death.	9.66, to 3-28, 194 opinion death occurred on the do	69, that (I) (we) lost te and hour and from the
DIRECTOR AT DIRECTOR 3 shilled with		22b. SIGNATURE Leo	M. Cuitis	DEGREE PHYS.	MED. DIRECTOR PHYS.	DATE SIGNED 5-28-69
TO HOSPITAL Poge 4 moy O FUNERAL I director, pog should be fil			O M. CURTIS		8218 Wisconsin A Bethesda, Maryla	ve.
TO HO Poge TO FUI direc		Burial, CREMATION, REMOVAL (Specify) Burial 3-	31-69 St. Jo	metery or crematory seph's Cemete:	23d. LOCATION (City or Town) ry West Roxbury	(County) (State) Mass.
VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR ROBERT A. PUM	PHREY, Bethesda	, Maryland 250 AF	R BY REGISTRAP 1969 2Sb. PEGISTRAR'S	GNATURE



1	04180 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
1	Item13 FilmG410 3/14/69 kk CERTIFICATE OF DEATH 041	72
deogh.	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print) MILWARD F. MORE MARCH Month Day Year	2b. HOUR
haurs after death n by the waerd s. Pages Land haurs offer death	3. SEX 4. RACE S. DATE OF BIRTH S-14-84 6. AGE (In years lift under 1 YEAR) MONTHS DATE AND THE SECOND SECON	
	70. BIRTHPLACE (Stote or foreign country) 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 9. COUNTY OF DEATH	Md
cuted within 2	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) SILUER SPRING 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired) INDUSTRY	OF BUSINESS OR
ecuted within 24 campletely filled ove carban pape y event, within 7	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) STATE 13b. COUNTY 15b. COU	estast Hone
ond campon din any every	14. FATHER'S NAME First Middle Lost 13. MOTHER'S MAIDEN NAME Birst Middle	Last
physician physician of physician please	16a. WAS DECEASED EXER IN U.S. ARMED FORCES? Yes, na, ar unknawn (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 17. INFORMANT 17. INFORMANT 17. INFORMANT 18. INFORMANT 18. INFORMANT 19. INFORMA	
TENDING PHYSICIAN: The law requires that the death certificate be executed within 24 ined by the haspital or attending physician. NR: After this certificate has been signed by the attending physician and campletely filled is build be detached far use as the burial-transit permit. Then please remove carban paper the State Dept. at Health priar ta burial, crematian, ar remaval, and in any event, within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	ROXIMATE INTERVAL EN ONSET AND DEATH
t the di the atte sit pern natian,	Conditions, if any, which gave nise to immediate couse (a). Due TO, OR AS A CONSEQUENCE OF Sclero S15.	/
equires that the physician. signed by the burial-transit burial, cremati	stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF (c)	
v requi	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)	
AN: The law real or attending icate has been for use as the Health priar ta	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? YES NO CAUSES OF DEATH? 21b. TIME OF INJURY 12b. TIME OF INJURY 12c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Item 18.)	N CERTIFYING
ICIAN: pital or rrificate d far u af Heal	G (If either, notify medical examiner) HOUR A.M. Month Daγ Year P.M.	
DING PHYSICIAL by the haspital (fer this certifice be detached fa State Dept. af H	While Nat while at wark at wark	Stote
ENDING ned by R: After uld be the Stat	22a. I certify that (I) (this haspital) attended the deceased from 3-7, 1967, ta 3-4, 1967, the saw the deceased alive an 1961, and that in (my) (of) apinion death occurred on the date and ha causes stated above, (I) (ve) (did not) view the bady after death.	nat (I) (yee) las ur and fram the
OR ATTENE be retained DIRECTOR: A e 3 shauld ed with the	22b. SIGNATURE CORE CONTROL OF STAFF DIRECTOR DI	169
SPITAL 4 may IERAL (ar, pog d be fil	22d. PHYSICIAN'S NAME (Type) 22e. ADDRESS & 16 - 5 hee & s	they no
TO HOS Page 4 TO FUN directs	23a. BURIAL, (REMATION, REMOVAL (Specify) 3/6/69 Moracacy Deallsville Mod	(Stote)
VR A15 30M REV. VA	24. FUNERAL DIRECTOR Juneral Jome Darnevolle Monte Parley Section 250. REGISTRAR 250. REGISTRAR 7 1969 Fliender Sec	idge



04181	DIVISION OF VITAL RECORDS	CERTIFICATE OF DE		MARYLAND 21201	4173	
1. DECEASED-NAME Fir (Type or print) GRA		lost MORRIS	20. DAT	TE OF DEATH Month	^y 1959	2b. HOUR.
3. SEX	4. RACE	S. DATE OF BIRTH		6. AGE (In years lost birthday)		F UNDER 24 HRS. HOURS MIN
Female	Negro	5/14/		lost birthday) BB YRS.		
7o. BIRTHPLACE (Stote or foreign country) Pa.	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED WIDOWED DIVORCED		Y OF DEATH		Md.
10. CITY OR TOWN OF DEATH Wheaton	give street oddress)	ng Home	20. USUAL OCCUPA Juring most of wor	TION (Kind of work done king life, even if retired.)	12b. KIND OF BU INDUSTRY	JSINESS OR
13o. USUAL RESIDENCE (Where dece odmission) STATE Wash DC	osed lived, if institution; Residence before	13c. CITY OR TOWN 13d. II YES		e. STREET AND NUMBER 730 Quebec		o, DC
14. FATHER'S NAME First	Middle Lost	1S. MOTHER'S MAIDEN	NAME First	Middle		Lost
?	Brown		Jane	?	?	
160. WAS DECEASED EVER IN U.S. A Yes, no, or unknown) (If yes giv	RMED FORCES? e war or dates of service) 16b. SOCIAL SECURITY 578–44–42			Address	APPROXIMAT	
Conditions, if ony, which governse to immediate couse (or stating the underlying couslost. PART 2 OTHER SIGNIFICANT (1900). DATE OF OPERATION 1900. DATE OF OPERATION 1900.	DUE TO, OR AS A CONSEQUENCE OF	or RELATED TO THE TERMINAL DIS	20	GIVEN IN PART 1(o) Ob. IF YES, WERE FINDINGS (AUSES OF DEATH?	CONSIDERED IN CER	TIFYING
G (If either, notify medical example)	HOUR A.M. Month Doy Yeo	21c. HOW INJURY OCCURRI	-	Finjury in Port 1 or Port 2,	Item 18.)	
While Not while ot work	e. PLACE OF INJURY (AT HOME, FARM, STREET, F. OFFICE BUILDING, ETC.		R.F.D. No.	City or Town	County County	State
saw the deceased couses stated abo	alive on	19 67, and that in (my) (a	our) opinion dec	oth occurred on the de	ote and hour or	nd from the
22b. SIGNATURE	Coursey	DEGREE PHYS.	MED. DIRECTOR	STAFF 22c.	DATE SIGNED	7
	L. Cannaday/Dibble			Ave., NW, Wa		
DEMONIAL IS IT I		CEMETERY OR CREMATORY			(County) PR. G. F. G. 12	(Stote)

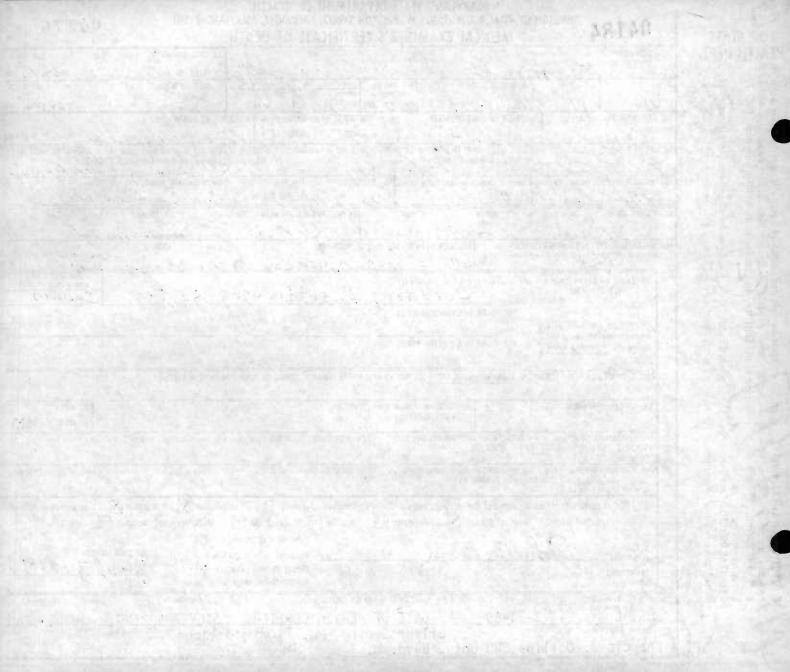
0			MARYLAND STATE DEPARTMENT OF HYALTH
			04182 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
			CERTIFICATE OF DEATH 04174
	death.		DECEASED NAME First Middle
	deat		Juseph 11 114Rdack 3-15-69 3-91
	rs after	3.	SEX 4. RACE 4. RACE 4. RACE 5. DATE OF BIRTH 9-16-29 6. AGE (In years lift under 24 Hrs. lost birthday) MONTHS DAYS HOURS MIN 7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7-7
	9 9	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIEN STEVER MARRIED 9. COUNTY OF DEATH
	24 h ed in pers.	6	VASh. D.C: U.S: H WIDOWED DIVORCED MILL NEGOTIER MI
	within ban po		CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of warking life, even if retired.) 12. USUAL OCCUPATION (Kind of wark dane during most of warking life, even if retired.) 12. USUAL OCCUPATION (Kind of wark dane during most of warking life, even if retired.) 12. USUAL OCCUPATION (Kind of wark dane during most of warking life, even if retired.)
	be executed within 24 and campletely filled e remaye carban pape in any event, within 72	13a adn	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY HADNELY SIVELS NO 9915 Include And All Productions of the Production of the
	and and lin any	14.	FATHER'S NAME First Buildle Lost 15. MOTHER'S MAIDEN NAME First E. Middle Lost David B. Mugdock Annie E. Williams
	Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the State Dept. of Health priar ta burial, cremation, ar remayal, and in any event, within 72 haurs after death.	160	2. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, or unknown) (If yes give war at dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 3. Seph B. Murdech and Address 4. Address 4. Address 4. Address 4. Address 4. Address 4. Address 5. Caseb B. Murdech and Address
	cert g pl		In CAUSE OF PERMITTERS AND A STATE OF PERMIT
	ne death ce attending p permit. The ian, ar rema	13	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) MYCCARD, AL INFRACTION - RECENT - REMOTE
	afte erm in, c		4/09 DUE TO, OR AS A CONSEQUENCE OF
	t the the sit p		(anditions, if any which gave)
	thai an. by irans		rise to immediate cause (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
	equires physicic signed burial-tr	4	(c)
	sign buri buri	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
	ing ing en the	×	Kuptured aldonime agree angustant
	s be as t as t	ATIO	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The aff	CERTIFI ATION	4/4/69 aotes accession YES NO (CAUSES OF DEATH?
	AN: cate cate ar u		
	SICI.	MEDICAL	(If either, notify medical examiner) P.M. 19
	3 PHYSICIAN: The law in the haspital or attending this certificate has been detached for use as the e Dept. of Health prior to	8	While Not while at work at work
	After After be State		220. I certify that (I) (this hospital) attended the deceased from 2/14, 1969, to 3/15, 1969, that (I) (we) lost saw the deceased alive an 1969, and that in (my) (aur) apinian death accurred an the date and hour and from the
	R: A		saw the deceosed alive an 3/15—1969, and that in (my) (aur) apinian death accurred an the date and hour and fram the causes stated above. (1) (we) (did) (did nat) view the bady ofter death.
	ATT Parameter Shall		22b. SIGNATURE
	OR De re de		Danch 7. Setunna In DEGREE PHYS. DIRECTOR DIRECT
	TO HOSPITAL OR ATTENDING PHYSICI Page 4 may be retained by the haspir TO FUNERAL DIRECTOR: After this certif director, page 3 should be detached "Ahauld be filed with the State Dept. of	(122d. PHYSICIAN'S MAME (Type) Joseph F. Schanno 22e. ADDRESS Pheroning and Buth Mys
	HOS ge 4 FUN ecto aulo	230	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
	0 0 0 p 4		Burial March 18/1969 Cedar Hill Cemetery Suitland, Maryland
	VR A 5 1 6 4		FYRER DIRECTOR THE ADDRESS AVENUE 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY REGISTRAR 25c. REC'D BY REGISTRAR'S SIGNATURE 25c. REC'D BY
	Y		

The party of the state of the s dietal grand in 1919 Cedes W. Eugens Sieta Billand, Aungland

CRIAN The part of the sales of the part of the THE RESERVE OF THE PARTY OF THE Christian 19/7/69 Litracen Men Cem . Habland Jork, Ed. Patronica summer Bone Did to the Committee of the State of the Committee o

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04176 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle 20. DATE KNOWNTO Month 2b. HOUR (Type or Print) 2, and 3 to PM3. Pr ESTI-0 DEATH MATED SEX 4. RACE S. DATE OF BIRTH AGE (In years last birthday) 2c. DATE PRONOUNCED DEAD 2d. HOUR 10 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH in Item 18. Give Poges 1, Office olong with form WIDOWED [DIVORCED I ond 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kipe of wark done | 12b. KAND OF BUSINESS OR death. 13d. INSIDE CITY LIMITS? I3e. STREET AND NUMBER YES NO ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Last hours 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO within up-pencil 12-0024 within be executed 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit PART I. DEATH WAS CAUSED BY: Sudden pending LOLOUSLI IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave rise ta immediate cause (a). pluods please execute the certificate, writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a) 0 removol, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? NO X be 21a. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) 3 should 21b. TIME OF INJURY Month, Day, Year MEDICAL HOUR A.M. PRIMARY OR CONTRIBUTING CAUSE OF DEATH 21d. INJURY OCCURRED 21f. LOCATION Street or R.F.D. No. 21e. PLACE OF INJURY (At hame, farm, street, City or Town County FUNERAL DIRECTOR: Poge factory, affice building, etc.) WHILE AT WORK AT WORK 220. I certify that I took charge of the remains described above, held on Autopsy [7], Inspection X Inquiry X ond in my opinion Suicide [deoth resulted from: Notural couses X Accident . Homicide Undetermined monner CHIEF MEDICAL EXAMINER prior ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE. O DEPUT DEPUTY MEDICAL EXAMINER X EXAMINER'S Heolth NAME (Type) ADDRESS(Street, city, tawn, ar county) 23b. DATE 23a. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 3-11-69 GATE OF HEAVEN_CEMETERY SILVER SPRING. MARYI AND 24. FUNERAL DIRECTOR SilveressSpring, Md. VR A15ME (5) Francis J. Collins 500 Univ. Blvd. W. 10M REV. 1/68

MARYLAND STATE DEPARTMENT OF HEALTH

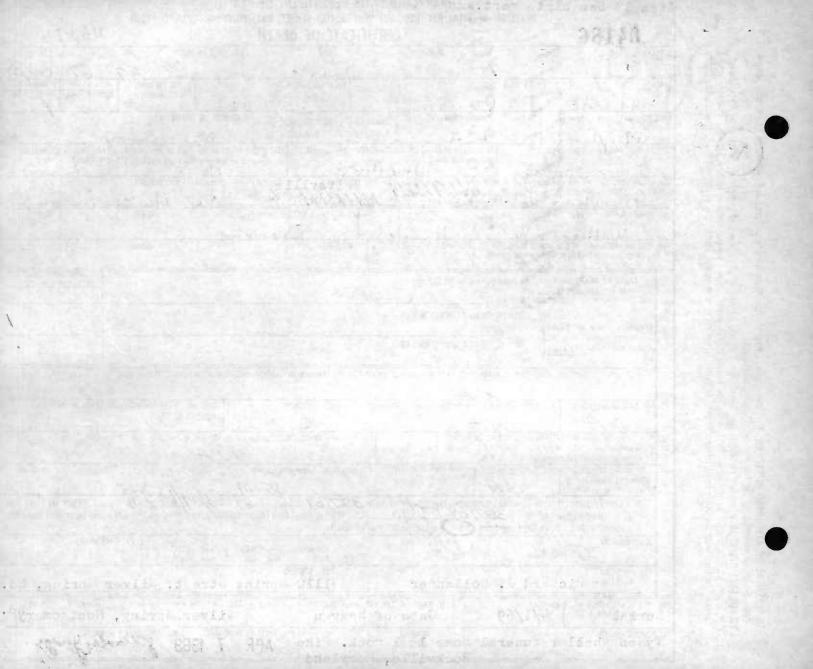


,			12				ALE DEPARTMEN				
10	-			02102	DIVISION OF VITAL R				MARYLAND 21201	011.	
				04185			IFICATE OF DI	EATH		0417	7
* 4	ŧ.	# 75 H		ECEASED-NAME First	Mi	ddle	Lost	2a. DATE	OF DEATH	. V	2b. HOUR
	deo	funeral 1 and 2 1er death.	L	MABE	5	5,	NAST	1	O Month	69	2 pm
	e	ful s 1	3. S	EX	4. RACE		S. DATE OF BIRTH	1	6. AGE (In years last birthday)	IF UNOER 1 YEAR	IF UNDER 24 HRS.
	s of	by the fun gages 1 cours after o		FEMALE	WHITE	-	SEPT.	22.1888	RS.	MONTHS OAYS	HOURS MIN.
	OUL	by the source of		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTR	Y? 8. MAF	RIED NEVER MARRIE	9. COUNTY	OF DEATH		N. L.
	4 h	papers.	(00	NEW YORK	LSA		WED DIVORCED	_	TEDMER	Y COL	DNTY Md.
	Ë	filled pape thin 7.	10.	CITY OR TOWN OF DEATH			N (If not in hospital	12a. USUAL OCCUPAT	ION (Kind of wark done	12b. KIND OF E	
	with	completely fi	15	ILVER SPRI	UG CHEYY	CHASE	NURSING H	during most of work	ing life, even if retired.)	INDUSTRY	
	po /	en & en	13a.	USUAL RESIDENCE (Where decedission) STATE	sed lived, if institution: Resider		TY OR TOWN 13d.		STREET AND NUMBER		
	11	event	7	WASH.D	d 136. COUNTY		YE	ES EX NO [] 3	617 QUES	ADA S	57 .
	exe		14.	FATHER'S NAME First	Middle	Last	IS. MOTHER'S MAIDE	EN NAME First	Middle		Lost
	pe	e re re lin on	5	JAME.	S (SHITE	I	ENZABE	TH	CAR	RALL
	ate	lease and i	160	WAS DECEASED EVER IN ILS AR	MED EORCES? 165 SOCIA	L SECURITY NO.	17. INFORMANT		Address		
	ţiţi	physician on please laval, and it	00 4	(es, no, or unknown) (If yes give	578-	44-133	JAMES NI	ASH, SON,	SAMEAS	ITEM	13
	e e	The	1	18. CAUSE OF DEATH (Enter of	nly ane cause per line for (a). (b), and (c).)				APPROXIM BETWEEN ON	ISET AND OEATH
	ath	permit. The		PART I. DEATH WAS CAUSI	ED BY: ATE CAUSE (o)	nchopn	eumoria				ceks
	de	attendir permit. ian, or re		4379	DUE TO, OR AS A CONSEC	DUENCE OF			- 0 - 0		-7
	÷	the sit p		Conditions, if any, which gove		rations	allelech	ani Chro	me Braindy	4 Km	ults
	that n.	ans rem		rise to immediate cause (o), stating the underlying cause	DUE TO, OR AS A CONSE	QUENCE OF	- m 1.		C - 0	1 -	
	N: The law requires that are attending physician.	signed by the attending physician burial-transit permit. Then please burial, crematian, or remaval, and		last.	(c) Cer	etral	arteres	sclerous	- 4 Strike boy	tchois J.	pas
	quir	sign ouri		PART 2. OTHER SIGNIFICANT CO	NDITIONS CONTRIBUTING TO DE	ATH BUT NOT RELA	TED TO THE TERMINAL DI	ISEASE OR CONDITION G	IVEN IN PART 1(a)		,
	v re	he tak	z		Nov	u-					
	lav	rtificate has been d far use as the af Health priar ta	CERTIFICATION	190. DATE OF OPERATION 19b	CONDITION FOR WHICH OPERAT	ON WAS PERFORME	D 20a. AUTOPSY		. IF YES, WERE FINDINGS	ONSIDERED IN CE	RTIFYING
	The	se of the					YES 🔲	NO CAL	JSES OF DEATH?		
	ä ö	are used		210. ACCIDENT WAS UNDERLYI			lc. HOW INJURY OCCUR	RED (Enter nature of i	injury in Part 1 or Part 2,	Item 18.)	
	CIA	d fe	MEDICAL	OR CONTRIBUTING CAUSE OF OEA		ογ Yeor 19					
	1YS has	After this certi be detached State Dept. at	W	21d. INJURY OCCURRED 21e	. PLACE OF INJURY (AT HOME, FAN	M. STREET, FACTORY.)	21f. LOCATION Street or	r R.F.D. Na.	City or Tawn	Caunty	Stote
	he he	this deto e De		at wark at wark							
	N A	fter be o		22a. I certify that (I) (the saw the deceased of	nis haspital) attended the	deceased fra	n 1955	, 19, to_	March 19, 19	69 , that	(I) (we) last
	ON.	He S		saw the deceased	e, (I) (we) (did) (did nat)	1969	, and that in (my)	(aur) apinian deat	th accurred an the de	ate and havr o	and fram the
	Fig	10 th		22b. SIGNATUNE	e, (1) (we) (ala) (ala liai)	view the bady o	mer deam.		1 224	DATE CICNED	
	R L	3 s × i × i		Stank F	Vagarell.	mX)	DEGREE PHYS	MED.	STAFF C	DATE SIGNED	0
	Pe Pe	Eige B		22d. PHYSICIAN'S	The state of the s	7110	DEGREE PHYS. 22e. ADDRES	- DIRECTOR -	→ PHYS. □ 3	1/1/4	1 201
	SPITAL OR ATTENDING PHYSICIAL 4 may be retained by the haspital	RAI pe		NAME (Type)	IF Jagu	er, M	D. 31	701 Mas	S. Ave. No	w. wa	eh AC.
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by the haspital ar attending physician.	TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. af Health priar to	220	BURIAL, CREMATION, 23b.		NAME OF CEMETER	Y OR CREMATORY		ATION (City or Town)	(Caunty)	(State)Md
	O HO	dire sha	230				eaven Cemet				
	-		24.				25	a. REC'D BY REGISTRA		SIGNATURE	
		VR A15 30M REV. 168	X	Jossph Gawler	s Sons, Inc.,	5130 Wi	sc. Ave.	ATE MAR 26	1969 Jelio	res frea	sale.
		P	1	N.W., Wash., I) C 20016			nit.	- 1	L	

			04185
	ing the Table		
Andrew Laborator			
		Carrier Company	MULTIS SAVAVE
and the latest the same of the		ezet - Ci - Ci - Ci	a dimenti
A THE THE PARTY OF	الم المصور المساورة	Calculation and the second	9 1
en landget Looset. L'Abriteleydes Syave	athertone ple	april 2000	
		Him	
140-51.79 69		9/9 69	
3/14/69	A STATE OF THE PARTY OF THE PAR	Kin Jus	Saw E Va
SS Am No. Youth	2. 3701 Ma	Joguer, M.	Tax C
n Dynasty, kantos tevi	21. 74. 1904.9	ont to age of a	
		nu, inc., 53,0 inc	

	-64	04186			RTIFICATE OF DEA			0417	78
J		ECEASED-NAME First Type ar print)		Middle	Lost	2o. DATE	OF DEATH Month Day	Yea ₆	2b. HOUR
1			La page		Navale		3 27	6/	IF LINDER 44 HRS
ı	3. SI	X	4. RACE		S. DATE OF BIRTH	- 10	6. AGE (In years lost birthday)	MONTHS CAYS	HOURS MIN.
١	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT	OUNTRY? 18.	MARRIED NEVER MARRIED	9. COUNTY	OF DEATH		4
ı	COU	ntry) or 1 CC	115		IDOWED DIVORCED	3			Md.
ı		TITY OR TOWN OF DEATH		OF HOSPITAL OR INSTITU	ITION (If not in haspital 12	. USUAL OCCUPATI	ON (Kind of)vark dane	12b. KIND OF E	
ı		USUAL RESIDENCE (Where decedission) STATE	give street	oddress) Holy	Cress du	ring most of work	ng life, even if retired.)	INDUSTRY	ne
ĺ	13o.	USUAL RESIDENCE (Where deced	sed lived if institution:	Residence before 130	CITY PRIOWNSVI 134 IN	DE CITY LIMITS? 13e.	STREET AND NUMBER	A	
	Garri	Maryland	PP.G. 2	THE PERSONNEL OF	Karker 182	1 NO 1 5	017 Naple	s Ave	nue
I	14.	FATHER'S NAME / First	Middle	4.1	13. MOTHER S HOUDER	THE THE	Middle		Last
	160	WAS DECEASED EVER IN U.S. AR	WED EORGESS 119P	SOCIAL SECURITY NO.	17. INFORMANT	rlene	Address		
I		es, na, ar unknawn) (If yes give	war or dates of service)	NA			Audi 033		
		1B. CAUSE OF DEATH (Enter o	nly one couse per line fa	r (o), (b), ond (c).)	A A				ATÉ INTERVAL ISET AND DEATH
		PART I. DEATH WAS CAUS	ED BY: IATE CAUSE (o)	Im	atunty			3	
		777X	DUE TO, OR AS A	CONSEQUENCE OF					
I	3	Canditions, if any, which gave rise to immediate cause (a),	(b)						
١		stating the underlying cause lost.	DUE TO, OR AS A	CONSEQUENCE OF					
l			NDITIONS CONTRIBUTING	TO DEATH BUT NOT R	ELATED TO THE TERMINAL DISEA	SE OR CONDITION G	IVEN IN PART 1(a)		
	-	THE STORM PERMIT	11/	2					
ı	CERTIFICATION	19a. DATE OF OPERATION 19b	CONDITION FOR WHICH C	PERATION WAS PERFOR	RMED 200. AUTOPSY?		. IF YES, WERE FINDINGS (ONSIDERED IN CE	RTIFYING
ı	RTIFI	NA	NA			NO L	JSES OF DEATH?	400	
		21a. ACCIDENT WAS UNDERLYI	TH HOUR A.M. M	URY anth Day Year	21c. HOW INJURY OCCURRED	(Enter nature of	njury in Port 1 or Port 2,	Item 18.)	
	MEDICAL	(If either, natify medical exam	iner) P.M.	19) OLE LOCATION Comm.	NI	City or Town	County	Stote
		While Not while of wark at wark	THACE OF INJUNT (OFFI	CE BUILDING, ETC.) 21f. LOCATION Street ar R.	(A M	Lify of Town	County	21016
		22a. certify that (1) (t	his hospital) attendo	ed the detectsed t	rom 3/27/69 /V	19.69 tas	127/69 PM9	, that	(1) (we) last
		22a. I certify that (I) (the saw the deceased causes stated above	olive on 3/27/6	9 5 61119	, and that in (my) (or	r) opinion dea	h occurred on the do	ote ond hour	and from the
		22b. SIGNATURE	e; (1) (we) (ala) (ala	not view the bad			221	DATE SIGNED	
		Vic	Carl J. M	olle	DEGREE PHYS.	MED. DIRECTOR	CTAFF	128/69	
		22d. PHYSICIAN'S	1//		22e. ADDRESS	. 195-153		()	
	1	NAME (Type) Rich	ard J. Hol				reet, Silve		
	23o.	BURIAL, CREMATION, 23b.	DATE +/1/69	Gate o	f Heaven		ATION (City or Town) Ver Spring		(Stote) Md.
	24,	funeral Director yson Wheeler	Funeral H	ome 1331	Rock. Pike 250.	APR 7	1969 FCLIA	SIGNATURE	m
-					Manylahd DATE	APR 7	1040	0	0

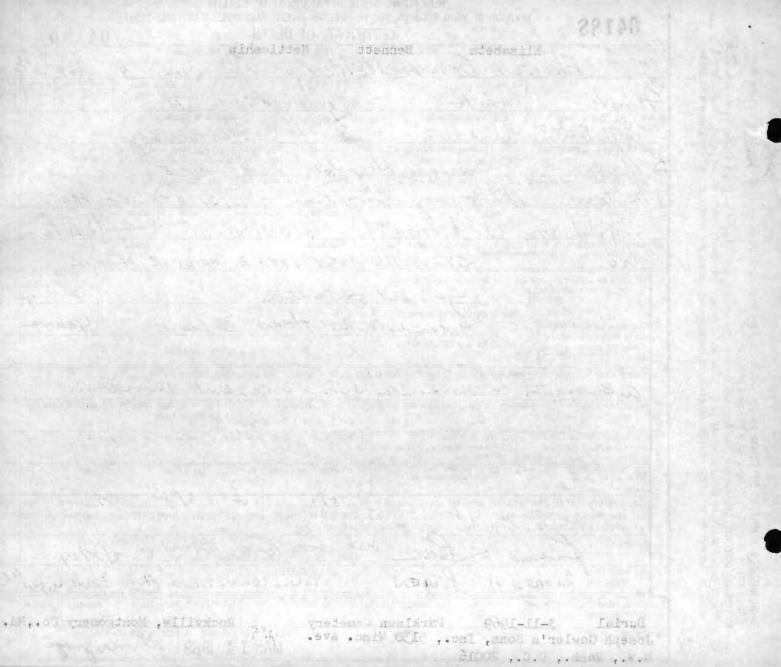
Item 13 See birth cert.amsMAKYLAND STATE DEPARTMENT OF HEALTH



12,100	2.3	A HORSELY	3	
		2081,01 980	932/5	nt energ
	#240041001E		80	Mison vita
			Texy Letter	540 176471
.W. mea	;, y v	A 12 Constitution of the	gan a short	migration of
		mich, infl	1,70	astent
all mysan	11 1 30 - 11 11	1935 Parvinder With	an 11 on 5 5 7	
09				
				200
	· ·			

Seem theoles formers to the little control to the control of the c

	1 -			IND STATE DEPARTMENT OF I		
		04188	DIVISION OF VITAL RECORD	S, 301 W. PRESTON STREET, BALT	IMORE, MARYLAND 21201	
1/ (13	04700		CERTIFICATE OF DEATH		04180
÷ 48 ±		CEASED-NAME Fir	sElizabeth Middle Be	ennett lost Nettlesh	1 pg. DATE OF DEATH	2b. HQUR
death death death	1	ype or print) E/12	-noeth BENNETT	N/ 1// A	mar. S	9 1969 210 M
fu fu fer ter	3. SI	3	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IE UNDER I YEAR IF UNDER 24 HRS.
faurs after in by the furer. Pages 172 haurs after	1-	Emale	white	10-11-189	[lost hithday)	MONTHS DAYS HOURS MIN.
by by Industria	7a. I	IRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
22. 72 H	COU	INDIASK. D.C	U.S.a.	WIDOWE DIVORCED	MontsomERY	MA
· 計畫 g 達	100	ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR I	INSTITUTION (It not in haspital 12a. USU)	AL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
within particular the	0	THESDA	Juhur ban	170 0 Has	ast of working life, even if retired.)	INDUSTRY
red car car	13a. adm	USUAL RESIDENCE (Where dece	eosed lived, if institution: Residence before	A C	IMITS? 13e. STREET AND NUMBER	, 1
Carr	161	ARYLAND	Vantgomery	NEG TERMINE	5/00 DERSE	+ AUF.
and rem	14. 1	ATHER'S NAME First	Middle Q Lost	IS. MOTHER'S MAIDEN NAME F	irst Middle	/ D Lost
an ase	140	WAS DECEASED EVER IN U.S. A	m C. Denn	ell oraph	ra	White
requires that the death certificate be executed within 2, laurs after a sphysician. signed by the attending physician and campletety fitted in by the further by the further papers. Pages 1 a burial-transit permit. Then please remove carban papers. Pages 1 a burial, crematian, ar remaval, and in any event, within 72 haurs after	у	es, no, or unknown) (If yes giv	re war or dates of service)		Address Address	
ph hen havor		10 CANCE OF PEATH OF	577-05.		E. CARPENTER, DA	APPROXIMATE INTERVAL
th ding		PART I. DEATH WAS CAUS	only one cause per line for (o), (b), and (SED BY:	1 0 1		BETWEEN ONSET AND DEATH
ne death attendii permit. ian, ar re		4109 IMMED	DIATE CAUSE (a)			of days
it the the a sit pe nation		Conditions, if any, which gave	DUE TO, OR AS A CONSEQUENCE O		Dia	Upana
nat J. y th y th ansi		rise to immediate couse (a)	(b) 1 N Erwa		Orsteare	7200-
equires that the death certific physician. signed by the attending physi burial-transit permit. Then pl burial, crematian, ar remaval,	1	stoting the underlying cause last.	(c)			
quire phys igne uria uria	11.	PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
ng F en s en s ta b	7	antenssiens	the Centro vanc	las dissant à Cen	about There	tosis
law endii bee	ATIO	190. DATE OF OPERATION 191	b. CONDITION FOR WHICH OPERATION WAS I		20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The atte	CERTIFICATION			YES NO'S	CAUSES OF DEATH?	
or ate		210. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCCURRED (Enter	r nature of injury in Port 1 or Port 2,	Item 18.)
Pital Point of H	MEDICAL	OR CONTRIBUTING CAUSE OF OR	EATH HOUR A.M. Month Day Yearniner) P.M.	19		
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital or attending physician. JIRECTOR: After this certificate has been signed by e 3 shauld be detached for use as the burial-tranged with the State Dept. of Health prior ta burial, cre	WE			ACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Tawn	County State
thi det det e D		at work at work				
by Affer be Start		22a. I certify that (1) (t	this haspital) attended the decea	sed fram 3/1, 19	9, ta 5/2, 19	969_, that (I) (we) last
OR ATTEND be retained JIRECTOR: A ee 3 shauld ed with the		causes stated above	De, (I) (we) (did) (did nat) view the	1965, and that in (my) (aur) api	nian death accurred an the d	ate and havr and fram the
Shoot Shoot		22b. SIGNATURE	()	Im To	220	. DATE SIGNED
OR be red weed w		fris	hand & Tolle_	ALICHUING	NED. STAFF PHYS. 3	:18/19
ral ray and bag		22d. PHYSICIAN'S	11 0	22e. ADDRESS	1	1. 1 Nea
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached for use as the should be filed with the State Dept. of Health prior ta		NAME (Type) RICH	ARD H. POLLER	10400 CON	NECTICUT the	KENSIKON d.
HO age FU!	230.	REMOVAL (Specify)		F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)
5-5-0	0.4		11-1969 Parkla	wn Cemetery	Rockville, Mont	gomery Co., Md.
VR A15	24.	oseph Gawler'	s Sons, Inc., 519	Wisc. Ave. 25a. RECD B	Y REGISTRAR 2Sb. REGISTRAR'S	S SIGNATURE
45M - 1)		LW Wash I).C., 20016	DMAR 1	14 1969 yellow	The same of the sa



	1	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE,	MADVIAND 01001	
10	г	04189 CERTIFICATE OF DEATH	MAKILAND ZIZUI	
4 24	1. 0	PERFORMANCE AND ADDRESS OF THE	E OF DEATH	04181 72b. HOUR
death and 2	((Type ar print)	Manth Day	Yeor 1.200
	3. S		6. AGE (In years	FUNDER I YEAR IF UNDER 24 HRS.
₹1/EI) E		FEMALE WHITE 3-27-06	last birthday) MG	ONTHS DAYS HOURS MIN.
nours haurs	7a.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNT	Y OF DEATH	
p 24 h		"MARYLAND AMERICA WIDOWED A DIVORCED MG	DHTGOMERY,	Md.
di Hi		11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPA	TION (Kind of work done king life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
amplete ve carb	13a.	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13d	e. STREET AND NUMBER	
campletely mave carbo	aam	nission) STATE MARYLAND Carroll HT. Airy YES NO	307 CARROLL	AVENUE
and cam	14.	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First	Middle	Last
be be see rise rid in		EDWARD BOWMAN MARC	4	YONES
that the death certificate be exian. by the attending physician and transit permit. Then please remorements or remayal, and in an	160	D. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, ar unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT HOSPITAL RECOR	Address DS JAKOMA PA	zek. MD.
ng p The		1B. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
at the death cer the attending p nsit permit. The matian, or rema		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Clubal multonian		DETREET SHEET AND DEATH
atte perrian,		DUE TO, OR AS A CONSEQUENCE OF		
at the the nsit mat		Canditions, if ony, which gove rise to immediate couse (a). (b) CUTCON CONCERN		
equires that the physician. signed by the burial-transit burial, cremat		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF		
requires ng physici n signed e burial- a burial,		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION (GIVEN IN PART 1(a)	
AN: The law re of a control of	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20	b. IF YES, WERE FINDINGS CON	SIDERED IN CERTIFYING
The rather base and rather than 11th 1	ERTIFI	YES NO S	LISES-OF DEATH?	
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours be retained by the haspital ar attending physician. **IRECTOR: After this certificate has been signed by the attending physician and campletely fluct in laws es she burial-transit permit. Then please remove carbon papers. It is should be detached for use as the burial-transit permit. Then please remove carbon papers. It is should be detached for use as the burial, crematian, or remayal, and in any event, within 2 haur.	MEDICAL C	21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of UNITY OF either, notify medical examiner) P.M. 21c. HOW INJURY OCCURRED (Enter noture of P.M. 19	injury in Part 1 ar Part 2, Item	n IB.)
PHYS le has his cel etache Dept.	WE	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. While Not while		Caunty State
NG y th y th ter t e de		22a. I certify that (1) (this haspital) attended the deceased from	8her 10 (that (1) (wa) last
ENDI ned b ned b uld b the Si		22a. I certify that (1) this haspital) attended the deceased from 19 19 to aw the deceased alive on 19 7 and that if (my) (our) apinion decayses stated above (1) (we) (did) (did no) view the body after death.	th occurred on the dote	and haur and from the
ATT ATT		228 SIGNATURE		E SIGNED / CB
OR be r		DEGREE PHYS. DIRECTOR I	STAFF PHYS.	Je Jan
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre		228. PHYSICIAN'S NAME (Type) Lewis Filly and Dennes 220. ADDRESS KUP	uld, Sier	Dentidor
HOS ge 4 FUNI recto	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOC	ATION (City or Town) (Caunty) (Stote)
55 5 5 W		Burial April 1,1969 Damascus Meth.	Damascus,	Md.
VR A15 (4) 45M - 1/69	24.	Olin L. Molesworth, Damascus, Md. 250. REC'D BY REGISTRA DATAPR 3	R 25b. REGISTRAR'S SIG	NATURE SALES

07 FAR Lorden . Hand companied and I live a Table Date agreement Tell

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04182 04190 CERTIFICATE OF DEATH Last NUTTING fin LOYAU DECEASED-NAME 2g. DATE OF DEATH 2b. HOUR P deoth. deoth. filled in by the funeral papers. Pages 1 and 2 hin 72 hours after death. (Type or print) - 26 Day executed within 24 hours after 4 RACE S. DATE OF BIRTH 6. AGE (In years lost birthday) 3 SEX IF UNDER 1 YEAR IE LINDER 24 HRS completely filled in by the love corbon papers. Pages HOURS 11-22-1901 Male Caucasian 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED TY NEVER MARRIED country) Montgomery United States New York WIDOWED [DIVORCED [within 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12g. USUAL OCCUPATION (Kind of work dane 12b. KIND OF BUSINESS OR give street oddress)
Montgomery General Hospital mast af werking life even if retired.) **INDUSTRY** Stock remove corbon Olney event, 13e. STREET AND NUMBER 0850 Green Moun-130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before / 13c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13b. COUNTY Howard tain Circle, #211 YES NO Columbia in any 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Lost requires that the death certificate be Cecelia J. Mary Walsh Cole Nutting pleose physkion pup 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address Yes, no. or unknown) (If yes give war or dates of service) Mrs. Ada Devlin Nutting, Widow, same as item removol. 367-05-3520A 18. CAUSE OF DEATH (Enter only one couse per line for (a)) (b), and (c).) PART I. DEATH WAS CAUSED BY cremation, or IMMFDIATE CAUSE (a) signed by the buriol-tronsit p Conditions, if any, which gave t rise ta immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse buria! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) as the priar to b Page 4 may be retained by the hospital or attending been 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING FUNERAL DIRECTOR: After this certificate has CAUSES OF DEATH? Health YES for use 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 1B.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. __Month Day 3 should be detached f with the State Dept. of (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY,) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while at wark 220. I certify that (I) (this hospital) attended the deceased fram sow the deceased olive on____ , and that in (my) (our) opinion death occurred on the date and hour and from the causes stated abave, (1) (we) (did not) view the body after death. 22b. SIGNATUR 22c. DATE SIGNED STAFF director, poge 3 should be filed v DIRECTOR 22 South St. Johns Lane, Ellicott 22d. PHYSICIAN'S Christian S. Mass. MD 23o. BURIAL, CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Gate of Heaven Silver Spring, Montgomery 0 3-29-1969 24. FUNERAL DIRECTOR OSEPH Gawler's Sons ADDITIC. 5130 Wis 25g. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Welinger Verdage 30M REV. 1X68 Ave., N.W., Wash., D.C., 20016

MARYLAND STATE DEPARTMENT OF HEALTH

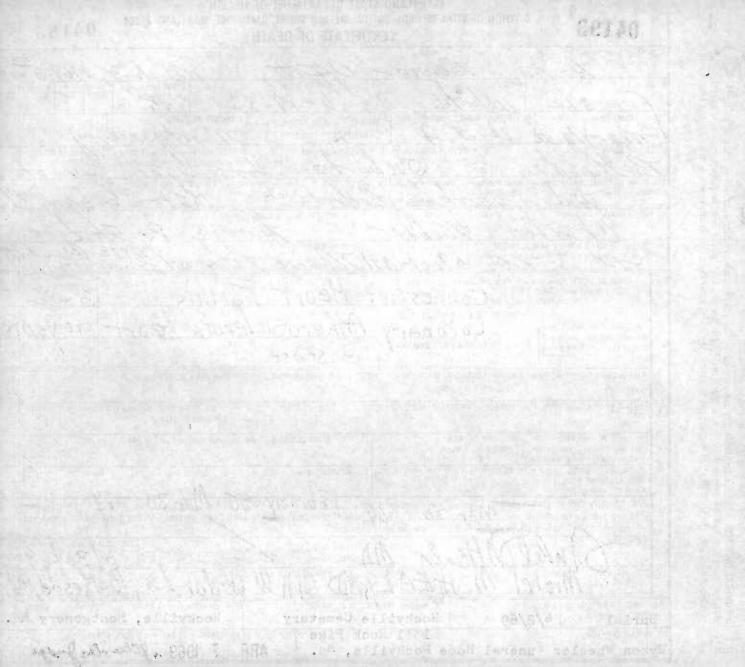
```
ACTION OF THE PROPERTY OF THE 
        Crist Pact - as - as
                                                                                                                                                                                     11-22-1901 W V 1001-26-11
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          Cayenstan v
                                                                                                                                                                                                                    Tronger and the second 
                               sports that the said of fail soil farment grades that the sports
-mick weeth CESTITES to the second
                                                                                                                       According to Mayord Columnia List Distriction 231
                               Antita Carolina Nary Corolina with
       modification probability and the character with a community of the communi
                                                                                                                                                                      Challetian C. Mara, Mil " - "Fil County Long Lane, Cl. Long Ly
             in the state of the contract of the state of
                                                                                                                                                                                                                                                                                                                                                                                                                           Electronic and the second control of the sec
                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 STACE , COLD, Made . V. H. . . OVA
```

	1	MARTLAND STATE DEPARTMENT OF HEALTH				
8	04191 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04					
		tem8 FilmG410 3/14/69 kk CERTIFICATE OF DEATH				
A		VECTACED MANY				
death ond 2		DECEASED-NAME First Middle Last 2a. DATE OF DEATH 2b. HOUR. Type or print) 2 2a. DATE OF DEATH 2b. HOUR.				
de at and	1	Type or print) Almeda M Edwards O'Dornell maich 10 1969 7 AN				
E - X	3. 9	EX 4. RACE S. DATE OF BIRTH 6. AGE (In years 1 if under 1 year 1 if under 1 year 1 if under 24 hrs.				
afte of the		S. DATE OF BIRTH 6. AGE (In years if under) year it under 24 Hrs. 1				
2 2 10	-	Turnace where				
- 1.1=	70.	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH				
# E 34	COL	(15 A WIDOWED DIVORCED MONTES MARKETED				
	10.	CITY OB-JOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work dane 12b. KMD OF BUSINESS OR				
# S 10		Betherda give street address during mast af warking life, even if retired.) INDUSTRY				
ed v	130	USUAL RESIDENCE (Where deceosed lived, if institution: Residence befare 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER				
and completed and completed comparing the co	odn	nission) STATE 7. 4 V3b. COUNTY Dew York YES NO 45- Tartley City, Plan				
and complete any events	14.	FATHER'S NAME Figst Middle Lost S. MOTHER'S MAIDEN NAME First Middle Lost				
be ex and a rem in an		Silas Carter Edwards Martha Louise Paril				
squires that the death certificate by physician. signed by the attending physician (burial-transit permit. Then please burial, crematian, ar removal, and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17, INFORMANT Address CALLI R.O. 11				
al, pla		Yes, na, ar unknown) (If yes give war or dates of service) DR Daniel Bhanaka Deive Chich Mu				
erti ph lov	=					
ie death cei attending p permit. The		1B. CAUSE OF DEATH (Enter only ane cause per line far (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:				
ne death : attendir permit. ian, ar re		MMEDIATE CAUSE (a) Prebral VASCULAR Accinent 11 PRS				
de de		4/2 DUE TO, OR AS A CONSEQUENCE OF				
t the the carried sit pe		Conditions, if any, which gave				
tr tr sist	1	tise to immediate cause (a). (b)				
the particular transfer the transfer tr		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF				
es sicio al-t al-t		10 CARDIN VASCULAR RONAL DISPUSSO 11 4				
equires that tl physician. signed by the burial-transit		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g)				
g b b d b						
din the	NO	10 DAY OF OPPONION LOS CAUDINAS AND				
s b oric	3	19a. Date of Operation 19b. Condition for which operation was performed 20g. Autopsy? 20b. If yes, were findings considered in certifying causes of death?				
PHYSICIAN: The law rehe has pital ar attending I this certificate has been setached far use as the because the bec	CERTIFICATION	YES NO CAUSES OF DEATH?				
N: are are		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature af injury in Part 1 ar Part 2, Item 1B.)				
T de fig de H	13	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year				
spirit sp	MEDICAL	(If either, notify medical examiner) P.M. 19				
HY had had so	1	21d. INJURY OCCURRED While Nat while of work of twork of two				
e de this		at work of work				
NG Ny t ter ter		22a. I certify that (I) (this haspital) attended the deceased from 3/18, 1964, ta 3/10, 1964, that (I) (we) last				
A A A A A A A A A A A A A A A A A A A		saw the deceased glive an 319 and that in (my) (our) opinion death occurred on the date and hour and from the				
# H		causes stated above, (1) (we) (did) (did nat) view the bady after death.				
TA ST SE		Z2b. SIGNATURE 22c. DATE SIGNED 1				
REG 3		ATTENDING MED. STAFF				
D pe	16					
TAI AL Ppg e e fi		22d/ PHYSICIAN'S NAME (Type) A TO ROPE ACT ROPE				
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-traishauld be filed with the State Dept. af Health priar ta burial, cre	L	THE MATHER SOFTESON, 191				
a of San	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)				
She diri		Burlady Ja-13-69 Wooster Cemetery Danbury Conn.				
2-2	24	Dullan 15 min				
VR A15 (4)	24.	MAR 1 1969 BURNESS AND MAR 1 1969 BURNESS AND				
45M - 1/69	/	Caber C. Junghey 7537-Wes avenue MAN 1 4 1908				

The street of th Anna Prominer Transport of the constant contracts

	1000	-	MARYLAND STATE DEPARTMENT OF HEALTH						
1			04192	DIVISION OF VITAL RECORDS	5, 301 W. PRESTON STREET, BALTIN	MORE, MARYLAND 21201	04184		
7					CERTIFICATE OF DEATH				
	r death. funeral 1 and 2 er death.		DECEASED-NAME (Type or print) HEZ	EN BRYAN	OEHMANN	2a. DATE OF DEATH Manth Doy	Zegy 7 M		
	be executed within 24 haurs after death 1 and campletely filled in by the funeral e remave carban papes. Page 1 and 2 in any event, within 71 hours after death	3	remale	4. RACE White	S. DATE OF BIRTH	0. 1.02 (11. 10013	IF UNDER 1 YEAR IF UNDER 24 HRS. AONTHS DAYS HOURS MIN		
	hours hours		o. BIRTHPLACE (Stote or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9	COUNTY OF DEATH			
	24 24 ape		CITY OR TOWN OF DEATH		WIDOWED DIVORCED NSTITUTION (If not in hospital 12a. USUAL	OCCUPATION (Kind of work done	Md.		
	within tely fill ban p	0	Silver Spr.	ing give street oddress) E	FASTHOOOD AVE during mass	t of working life, even if retired.)	12b. KIMD OF BUSINESS OR INDUSTRY		
	cuted amplet ive car event	3	Ba. USUAL RESIDENCE (Where dece dmission) STATE Maryla	nd 13b. COUNTY Montgomer	y Silver Springs NO		l Ave.		
	exe emo any	1	4. FATHER'S NAME First	Middle Last	15. MOTHER'S MAIDEN NAME Fire	t Middle	Last		
		1		S. Bry	an Helei	2	sroughton		
-	requires that the death certificate be executed within 24 I g physician. n signed by the attending physician and campletely filled in a burial-transit permit. Then please remave carban paper a burial, crematian, ar remaval, and in any event, within 71.		60. WAS DECEASED EVER IN U.S. A Yes, na, ar unknawn) (If yes giv	RMED FORCES? e war or dotes of service) 16b. SOCIAL SECURIT 578-14-		Pehron.	SI WELSTWOOD		
	The P		18. CAUSE OF DEATH (Enter	only one cause per line for (o), (b), ond (1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH		
	attendii permit. ian, ar re		PART 1. DEATH WAS CAUS	SED BY: DIATE CAUSE (a)	broker haderal for	clernia	ZYRS		
	atte perr ian,		3480	DUE TO, OR AS A CONSEQUENCE O	f /				
	at the the nsit p		Canditions, if ony, which goverise to immediate couse (a)	(0)					
	equires that the physician. signed by the burial-transit burial, cremat		stating the underlying coustlost.		F				
	uires hysid gnec rrial		_	ONDITIONS CONTRIBITING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE ORCO	NOITION CIVEN IN DADT 1/a)			
	req ng pl n si e bu		EVI 1874 PARTIE	ONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE OR CO	NUTTION GIVEN IN PART I(0)			
	law ndin bee s th s th		19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS I	PERFORMED 20o. AUTOPSY?	20b. IF YES, WERE FINDINGS COI	NSIDERED IN CERTIFYING		
	The atte	Y			YES NO	CAUSES OF DEATH?			
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre		210. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DI (If either, natify medical exor	EATH HOUR A.M. Manth Doy Yea	21c. HOW INJURY OCCURRED (Enter 1	noture of injury in Part 1 or Part 2, Ite	em 18.)		
	PHYSI e hosp nis cert stachec Dept. c		While Not while		ACTORY.) 21f. LOCATION Street or R.F.D. No.	City or Town	County Stote		
	y the er the de de de ate			this haspital) attended the decea	sed from Miry 22 19	to Mar 9 19 6	7, that (I) (we) last		
	ned by R. Aft		saw the deceased	alive an flow fve, (1) (we) (did) (did not) view the	19 4, and that in (my) (our) apin		e and havr and from the		
	AT:		22b. SIGNATURE	12d- 01	MASS ATTENDING ME		ATE SIGNED		
	OR be DIR		/ Sernard	e a organia	DEGREE PHYS. LI DIR	ECTOR STAFF BHYS. 3	-9-69		
	FRAL ar, bar d be fi		22d. PHYSICIAN'S NAME (Type) BER	NARD A. FITZGER	ALD 220. ADDRESS 247 UNIV. BL	UD E, SILVER SPA	eny Ma		
	HO FUN rect	2		D. DATE 23c. NAME O	F CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (Stote)		
	5 5 p			Mar. 12, 1989 Gat	e of Heaven		1d.		
	VR A15		4. FUNERAL DIRECTOR Francis J. Coll	Lins,500 University	Blvd., West 250. REC'D BY	1471	GNATURE DECAME		
	43m - 1019	W F		Silver Spring	Maryland DATE MA	R 1 2 1969 / Culo	00		

			MAKILAND STATE DEPAK	TIMENT OF REALIN	
100			DIVISION OF VITAL RECORDS, 301 W. PRESTON	STREET, BALTIMORE, MARYLAND 21201	0
A			04193 CERTIFICATE C		04185
7 4	-	1.7	ECEASED-NAME First Middle Last	2g. DATE OF DEATH	Lot your
	de d		(ype or print)	Manth A Day	Year 2b. Hour
			Hona Bourer Off	ull March 3	1964 3 4
	the second	3. 5	4. RACE / S. OATE C	OF BIRTH 6. AGE (In years last birthay)	IF UNDER 1 YEAR IF UNDER 24 HRS.
	th oge s a		temale White 6.	-19-83 (ast birthday)	MONTHS DAYS HOURS MIN
	by by	79/	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER		
	for executed within 24 hours after and completely filled in by the fur e remove carban popers. Poges I in any event, within 72 hours after	900		DIVORCED Mental March	ores
	Iled pop in	10.	ITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospit	- 11/0/1/ /0/1/	125 KIND OF BUSINESS OR
	温光表ファ	9	Both street address) The bushes	during prast of warking life, even if retired.)	ANDUSTRY
	w etel	130	USUAL RESIDENCE (Where degeased lived, if institution: Residence before 13c. CITY OR TOWN	w Hansellite	SIVIUETO.
	mple e cc	adn	issian) STATE 13b. COUNTY	13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	1 1-11
	execution of the company of the comp	14	Alla Mentejonary Betheson	a. 1027 - 6510	abrust Kd.
	equires that the death certificate be executed by signed by the attending physician and so burial-transit permit. Then please remoburial, cremotian, or removal, and in any	14.	ATHER'S NAME First Middle Loss 15. MOTHER"	'S MAIDEN NAME First Middle	Last
1			Christes Sokker	HANNIE K.	tod ges.
	sician (sician) please		WAS DECEASED EVER IN U.S. ARMED FORCES? es, no, or unknown) (If yes give water dates of service) 17. INFORMANT	Addiessy -	3-12/2 T/L+
	physician nen please noval, ond i		70 20. 319-07-6891/1/2	118 Tatterson Kens	naton Mid
	rer The The		18. CAUSE OF DEATH (Enter only one cause per, line for (a), (b), and (c).)		APPROXIMATE INTERVAL
	attending permit. The		PART I. DEATH WAS CAUSED BY:	of talure	BETWEEN DISET AND DEATH
	he death attendir permit. ian, or re		11 1 - 0	AT TOTAL	Daves
	t the a the sit pe		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	- Salamot . Ho.	- la vania
	to # H sign		rise to immediate cause (a), (b)	10 octobric Deart	10 years.
	tro tro cre		stating the underlying cause lost. DUE TO, OR AS A CONSEQUENCE OF	258	
	equires that the physician. signed by the burial-transit burial, cremat	10	(9)		
			PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
	ing ing ing he to	×			
	o be and sind sind sind sind sind sind sind si	ATION A	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. A	AUTOPSY? 20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
	The aff	CERTIFICATION	YES	CAUSES OF DEATH?	
	age est			OCCURRED (Enter nature of injury in Part 1 or Port 2, It	am 181
	find find find find find find find find	MEDICAL	DR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year	CENTRAL CENTRAL OF THE PART OF THE PART 2, THE	611 10.)
	Spi s	E S	(If either, natify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION S		
	PH)		While Not while O DEFICE BUILDING, ETC.	Street ar R.F.D. Na. City or Town	Caunty State
	at the part of the		di wdrk di wdrk	He M. S.	1.0
	by by Sta		220. I certify that (I) (this hospital) attended the deceased from et	2012/19 35, tallar 30 , 196	that (1) (we) las
	R: 4		saw the deceased alive an 1964, and that in causes stated abave, (!) (we) (did) (did nat) view the body ofter death.	(my) (gur) opinion death occurred on the dot	e/and hour and from the
	To to		22b. SIGNATURE		
	SEC 3 S		A La Ka V A HZ A M Decores ATTEL	NDING MED. STAFF 22c. D. S. DIRECTOR PHYS.	ATE SIGNED
	od og og				130/67,
	May May be be f		22d. PHYSICIAN'S MANE (Type) M	ADDRESS // B	the 11/h1
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 may be retoined by the hospitol or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the should be filed with the State Dept. of Health prior to	-	- MAN - MAN - MAN S	HIW. LEGAT LO, J	EILES GOIN
	Be oge irection to be	23a	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATOR	23d. LOCATION (City or Town)	(Caunty) (State)
	5 5 5 S	-	Strad Rockville Cemet		
	VR A15 (0)		FUNERAL DIRECTOR LABORED Rock Pike		
	45M - 1) 89	T:	son Wheeler Funeral Home Rockville, Md.	DATE APR 7 1969 golia	nes Judge



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04186 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 2a. DATE KNOWN N Month Yeor 26. НОЦВ r delay), nd 3 ta Page (Type ar Print) ESTI-50 DEATH MATED IF UNDER 24 HRS 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR 2c. DATE PRONOUNCED DEAD 2d. HOUR MONTHS DAYS HOURS 7a. BIRTHPLACE (State or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH CountMassachusetts 1.5.A WIDOWED [DIVORCED 8. Give Pages and 2 with the Sta ecute the certificate, writing the word. "pending" in pencil in Item 18. Give Page Page 4 shauld be farwarded to the Chief Medical Exampres Office along with 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during mast af working life, even if retired.) give street oddress) Grant Advisor 6001 -13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e, STREET AND NUMBER 13b. COUNTY YES NO offer 14. FATHER'S NAME Middle Lost IS. MOTHER'S MAIDEN NAME First Gertrude Bussell Parent Grace 0. N. agges hours 135 Adornes nut St. Rich-160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT be executed within 162-10-4701 Mr. David E. Parent, mond Hgts. Ohio File event within APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH Beelusion PART I. DEATH WAS CAUSED BY COTODDEY IMMEDIATE CAUSE (o)____ DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Coronary Arterio Sclerosis -2215 rise to immediate couse (o), any certificate should DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .⊆ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) Pheumonia ar removal, CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? YES NO pe 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Dov. Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 3 shauld MEDICAL PRIMARY TO OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote foctory, affice building, etc.) may be retained far your FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK 22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection X Inquiry X and in my apinian director. death resulted fram: Natural causes X, Accident , Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER prior ACTUAL ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNED the funeral SIGNATURE March 5, 1969 DEPUTY MEDICAL EXAMINER **EXAMINER'S** JOHN G. BALL, MD. ADDRESS(Street, city, town, or Montgomery Co. NAME (Type) 23o. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Caunty) REMOVAL (Specify) Parklawn Cemetery Rockville, Montg. Co. Md. 3-8-69 Burial 24. FUNERAL DIRECTOR 7557 WDPSconsin Ave 250. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ATSME () Williams and Jacobse PUMPHREY, Bethesda, Maryland DAIMAR 10M REV. 1

MARYLAND STATE DEPARTMENT OF HEALTH

26120 duerray.

. . .

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04187 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT 1. DECEASED-NAME First Middle 20. DATE KNOWN 2b. HOUR Month 1969 (Type or Print) V.A Pastor ESTI-2, and 3 to PM3. Poge WILLIAM O DEATH MATED 7A M IF UNDER 24 HRS IF UNDER 1 YEAR 3. SEX 4. RACE 5. DATE OF BIRTH 6. AGE (In years 2c. DATE PRONOUNCED DEAD 2d. HOUR Month 7AM 55 AGKYRS. 12/17/-3 White 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH MARRIED NEVER MARRIED the Stote De Montgomery country) WIDOWED [DIVORCED [pencifin Item 18. Give Pages Rumania
10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a, USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR 4 should be forwarded to the Chief Medical Exontiner's Office olong with givHoreyodeross Hospital during most of working life, even if retired.) Silver Spring Md. ecurity Guard -New Mealand Emb 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 11528 Soward Dr. Kens Md. 13 Montgomery Kensington YES X NO ofter 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Julius Pastor Rse Stanish hours 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT **ADDRESS** within wife B atrice L 11528 Soward Dr. Bensington (Yes, na, ar unknawn) File APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH be executed event within 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) pending" PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Canditians, if any, which gave rise to immediate cause (a), ony certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(6) 0 removal, 19g, DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, This YES T 21g. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 21b. TIME OF INJURY Month, Day, Year pluods cremation, ar PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Poge WHILE AT WORK AT WORK 22a. I certify that I took charge of the remains described above, held an Autopsy Inspection X Inquiry 🖂 and in my apinian director. death resulted from: Natural causes Accident / Suicide Undefermined manner Homicide CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER NAME (Type ar county) the 50 23a, BURIAL CREMATION 23d. LOCATION (City or Town) (County) REMOVAL (Specify) Gate of Heaven Cemetery Silver Sprina. VR A15ME (5) Charle Pumphrey. ver Spring. DATMAR

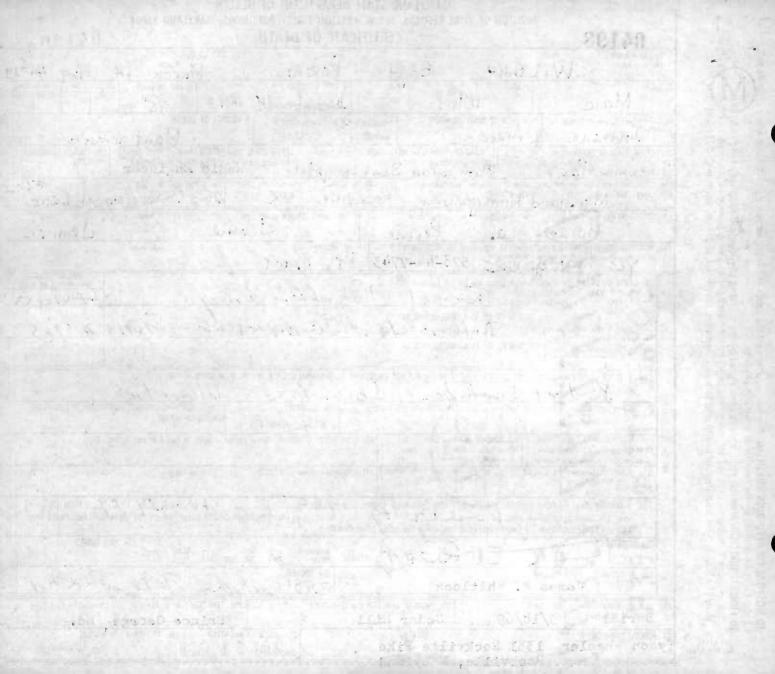
STAR DESCRIPTION OF THE SECOND START OF THE SE THE REPORT OF THE PROPERTY AND ADDRESS OF THE PARTY OF TH and sections, and demonstrating the last constraint and the same

	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
	04196 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 0418	38
L	DECEASED-NAME First Middle Lost 2a. DATE OF DEATH (Type or print) EMILY R. PECK MARKSH 18 19	2b. HOUR
	FEMALE CAUCHSIAN 612113 93 YRS.	YEAR IF UNDER 24 HR DAYS HOURS MI
COI	O. BIRTHPLACE (Stote or foreign ountry) WASH D. C. 1TIZEN OF WHAT COUNTRY? OUNTRY) WASH D. C. 9. COUNTY OF DEATH / WINDOWS DIVORCED DIVORCED DIVORCED DIVORCED	
	CHEVY CHASE Street oddress) - Silver, Star during most of working life, even if retired.) INDUSTING HOME Homemaker - Own Home	ID OF BUSINESS OR RY
5 odr	30. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIGE CITY LIMITS? 13e. STREET AND NUMBER 2505 SPRING VA	HE ROAL
	4. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Katherine Raymond	Lost
160	60. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT 579-60-1612 J1 PAILIP PECK CHENY C.	HASE, M
	PART I. DEATH WAS CAUSED BY: UMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions if any which cause)	PROXIMATE INTERVAL VEEN ONSET AND GEATH L-S MON FVER AZ EARS
2	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF lost. (c) PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED CAUSES OF DEATH?	IN CERTIFYING
MEDICAL CE	OR CONTRIBUTING CAUSE OF GEATH HOUR A.M. Manth Day Year P.M. 19	
W	While of work of wark of work	State
	22a. I certify that (1) (this haspital) attended the deceased fram 2/10, 1966, ta 3/18, 1969, to saw the deceased alive an 3/15, 1969, and that in (my) (aur) apinian death accurred an the date and he causes stated abave, (1) (we) (did) (did nat) view the bady after death.	that (1) (we) lo aur and fram t
	22b. SIGNATURE 22b. SIGNATURE 22c. DATE SIGNET 22c. DATE SIGNET	69
000		SPRING RYCAND
	30. BURIAL, CREMATION, PARTIES AND ATE SUCCESSION AND STREET OF CREMETERY OR CREMATORY SUITING (City or Town) (County) Cremation 3-18-69 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) Cremation Suitland, Maryla 4. FUNERAL DIRECTOR ADDRESS 1250. REC'D BY REGISTRAR 1250. REGISTRAR'S SIGNATURE	and
R	4. FUNERAL DIRECTOR ROBERT A. PUMPHREY, Bethesda, Maryland DATE MAR 2 4 1969 25b. REGISTRAR'S SIGNATURE	nose :

				AND STATE DEPARTMENT OF I		
		04197	DIVISION OF VITAL RECORT	OS, 301 W. PRESTON STREET, BALT CERTIFICATE OF DEATH	IMORE, MARYLAND 21201	04189
£ _~		CEASED-NAME Fir	rst Middle	Lost	2o. DATE OF DEATH	2h HOUR
dear	- (ype or print) Man	1101	TOON	Mar Month / Day	Year 69 825 M
fer o	3. SI	X	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
urs after death yy the funeral Poges ond 2	1	MALE	There	11/10/04	last birthday) 64 YRS.	MONTHS DAYS HOURS MIN
- 0	7a.	SIRTHPLACE (State or fareign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
2 ed i aper n 72	10 /	ITY OR TOWN OF DEATH	U.J	WIDOWED DIVORCED	Montgomery	Md.
e death certificate be executed within 2 urs attending physician and campletely filled in by the permit. Then please remave carban papers. Pogan, or removal, and in any event, within 72 haurs	Si	Ver Speing	give street address)	Rland Thirsing during m	AL OCCUPATION (Kind of work done opt of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
cuted amplet tive car event	13a. adm	USUAL RESIDENCE (Where decession) STATE	eased lived, if institution: Residence before 13b. COUNTY		MITS? 13e. STREET AND NUMBER	ano
exe ema any	14.	ATHER'S NAME First	Middle Las		irst Middle	lost
se radin di		MANYE	of A Leon	1 200	115A	Rubio
that the death certificate be exercian. by the attending physician and contransit permit. Then please rema	16a. Y	WAS DECEASED EVER IN U.S. A es, no, or unknown) (If yes giv	RMED FORCES? (se wor or dales of service)		SILVERS SF 1024 University	
cert The pl		18. CAUSE OF DEATH (Enter	anly ane cause per line far (o), (b), and			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eath indir or re		PART I. DEATH WAS CAU	SED BY: DIATE CAUSE (a)	, ,	· ·	2 UNS.
attend attend permit.		191 X	DUE TO, OR AS A CONSEQUENCE		~	700
the the usit puration		Canditions, if any, which gav rise to immediate cause (o	(b)			
tha ian. by tran cren		stating the underlying caus	DUE TO, OR AS A CONSEQUENCE	OF ·		
requires that th g physician. signed by the burial-transit p burial, cremati		DART 2 OTHER CIGALISISANT C	(t)			
requestion side of the property of the propert		PART 2. UTHER SIGNIFICANT C	OUDITIONS CONTRIBUTING TO DEATH BO	NOT RELATED TO THE TERMINAL DISEASE ORC	ONDITION GIVEN IN PART 1(a)	
law ndin bee s the iart	ATION	19a. DATE OF OPERATION 19	b. CONDITION FOR WHICH OPERATION WAS	PERFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
The otte has se a th pr	CERTIFICATION			YES NO NO	CALLEGE OF DEATHER	onsidence in certification
Nr. I ar ate ar us		210. ACCIDENT WAS UNDERLY	YING 21b. TIME OF INJURY	21c. HOW INJURY OCCURRED (Enter	noture of injury in Part 1 ar Part 2, I	tem 18.)
Pita pita pita of H	MEDICAL	OR CONTRIBUTING CAUSE OF D		ear 19		
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate Page 4 may be retained by the haspital ar ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicial director, page 3 shauld be detached far use as the burial-transit permit. Then pleas shauld be filed with the State Dept. of Health priar to burial, crematian, or removal, and	M	21d. INJURY OCCURRED While Not while at work	e. PLACE OF INJURY (AT HOME, FARM, STREET OFFICE GUILDING, ETC.	FACTORY,) 21f. LOCATION Street or R.F.D. No.	City or Town	County Stote
DING J by t After J be o	1	22a 1 contifue that (1) /	this haspital) attended the dece	ased from 2/1/, 194	7, ta 3/18, 19,	, that (I) (we) last
R: A ned the the	Ty	saw the deceased	ve. (1) (we) (did) (did nat) view t	ased from, 19, 19, and that in (my) (our) api ne bady after death.	nian death accurred an the da	te and haur and fram the
ATI Sha sha		22b. SIGNATURE			22c. [DATE SIGNED/
OR DIRE		Laynord)	Berock ?	DEGREE PHYS. M	ED. STAFF PHYS. 3	119/69
TO HOSPITAL OR ATTEN Page 4 may be retained TO FUNERAL DIRECTOR: directar, page 3 shauld shauld be filed with the		22d. PHYSICIAN'S NAME (Type) Rp.	mond T. Ben	ACKMO 4116	Clie PRIVE.L	wheater mn
HOS ge 4 FUN rectc	23a.		D. DATE 23c. NAME	OF CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(County) (State)
			3-21-69 Rock	Creek Cemetery	Washington.	D. C.
VR A15 (4) 45M - 1/69		FUNERAL DIRECTOR FRANC		444.5	Y REGISTRAR 25b. REGISTRAR'S	
45M - 1/69	5	UU University	Blvd. W. Silver S	Spring, Md. DATMAR	2 4 1969 VClian	Can Jundan

14120	TANK THE PERSON OF THE PERSON	STATE OF THE STATE	With District		which is the	retan T
		Moss	aki.		197762	
				AS)		
	THE OF PARTY STATES			HATTE WHEN		
	MINISTER STATE OF THE PARTY AND ADDRESS OF THE					
	(Eng. 2007 (SOT 01.94)			126		
			1111			
				S. Har		
					UN-75-E	DAIRE
*	Mark & A news				249 05	September 1

	MARYLAND STATE DEPARTMENT OF HEALTH
4	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 OLIVE OF DEATH OLIVE OF DEATH OLIVE OF DEATH
	1151100
death death	1. DECEASED-NAME First Middle Perne 2a. DATE OF DEATH (Type or print) WILBUR Boyd Perne 2a. DATE OF DEATH Month Doy Year 4454
	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS
	Male White December 19, 1893 last birthday) YRS. MONTHS DAYS NOURS MIN.
in by the Pars. Page 2 hours	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARDIER 9. COUNTY OF DEATH
in 24 h Filled in papers hin 72 h	Indiana U.S.America WIDOWED DIVORCED Montgomery M
executed within 24 has completely filled in remove carban papers.	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done) 12. KINDOF BUSINESS OR during most of working life, even if retired.) 12. Wash work on Sant Hospital during most of working life, even if retired.) 12. KINDOF BUSINESS OR INDUSTRY
with with with with with with with with	TO HOUSE DESIGNATION IN THE PROPERTY OF THE PR
cuted Simple ve co even	admission) STATEMarchan 136, COUNTY govern Rockville YES NO 263 Congressional Lane
and co	14. FATHER'S NAME First Middle Cost IS. MOTHER'S MAIDEN NAME First Middle Lost
din de gr	Horace G. Perine Jennie Jenner
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carban papers. Pages should be filed with the State Dept. af Health priar ta burial, crematian, or removal, and in any event, within 72 hours after	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no. apunknown) (If yes give war or doles of service) 578-44-7743 Yes Chart
cer mov	18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) APPROXIMATE MIXENAL REPRESENTATION OF THE PROPERTY
ne death cei attending p permit. The	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Renal Insufficiency Liveren
atte	4124 DUE TO, OR AS A CONSEQUENCE OF
at the the risit p	Conditions, if any, which gave is to immediate couse (o), (b) Anterio scherotic adio vascalar listase of yes
tha ian. by tran crer	stating the underlying couse Due 10, OK AS A CONSEQUENCE OF
uires nysic gned rial- rial,	PART 2. OTHER SIGNIFICANT-CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELAXED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)
requestion in signification is signification in signification in the signification is signification in the signification in the signification is signification in the signification in the signification is signification in the signification i	Routis (Small bancal Obox of Sin = 11/10 months
law andir bee ls th	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
The atte has see of the poly	YES NO CAUSES OF DEATH?
AN: al or icate far u Heal	
SICI uspit errif ned t. af	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Day Year (If either, notify medical examiner) P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT NOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State
PHY ne ho this of this of Dep	21d. INJURY OCCURRED While Not while of wark of wark of wark
NG terminate de	22a. I certify that (I) (this haspital) attended the deceosed from 1965, 19, ta March (4, 1969, that (I) (we) la saw the deceased alive an 1969, and that in (my) (our) opinion death occurred on the dote and hour and from the
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that it Page 4 may be retained by the haspital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the director, page 3 shauld be detached far use as the burial-transit should be filed with the State Dept. af Health priar ta burial, cremat	saw the deceased alive an fixed 13 19 69, and that in (my) (our) opinion death occurred on the dote and hour and from the couses stated abave, (I) (we) (did) (did not) view the body after death.
A AT reto	22b. SIGNATURE ATTENDING MED. STAFF DAY'S DIPECTOR DEPLYS DIPECTOR DEPLYS
L OIR	22d. PHYSICIAN'S 22d. PHYSICIAN'S 22e. ADDRESS
PITA may ERAL III, po	NAME (Type) James M. Whitlock 7217 Caroll for Jalan Bakky
HOS ige 4 FUNI recto	23a. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State)
5- 5 p 2	BWY (Serify) 3/18/69 Cedar Hill Prince George Md.
VR A15 VA 30M REV. 166	24. FUNERAL DIRECTOR Tyson Wheeler 1331 Rockville Pike 250. REC'D BY REGISTRAR 250. REGISTRAR'S SIGNATURE DATEMAR 2 1 1969 ACCUMANCE STREET
Sources. Hospital	Rockville, Maryland



MARYLAND STATE DEPARTMENT OF HEALTH

drugeri and the second day of the The state of the s MARYLAND STATE DEPARTMENT OF HEALTH

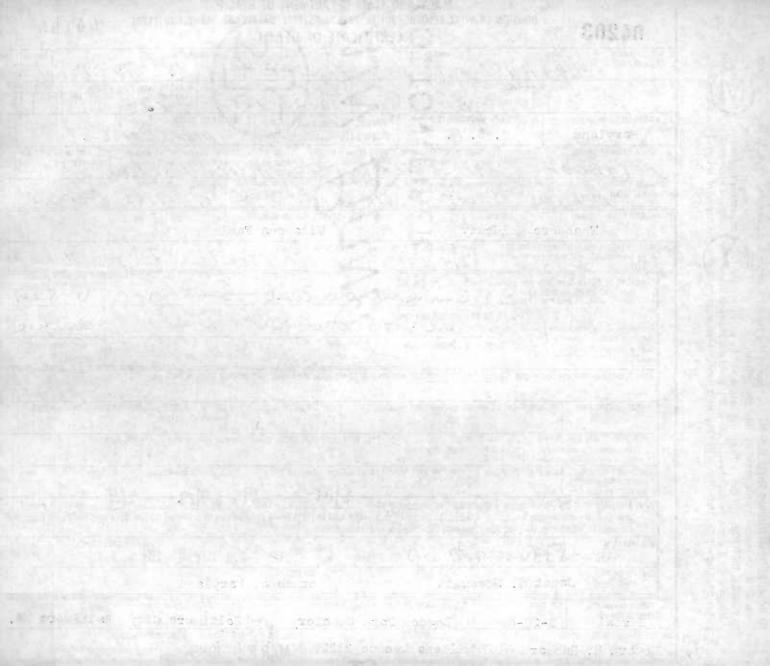
		PRINTED TO THE	genyale imiteva 🕴	0420
-0:-2:4	PL/CK		3.200	
: 60 10 10 10 10 10 10 10 10 10 10 10 10 10			图 加	
greetla		60 E 1 2 E 1 E 1 E 1	Sign and a TED	OLED CAN
		mak matemates		
1100 Nack Lodge Nd.			VV TIL	
	The same		Vicensia films	

A.O. M. V. J. C. A. C. SECTION ST. CO.

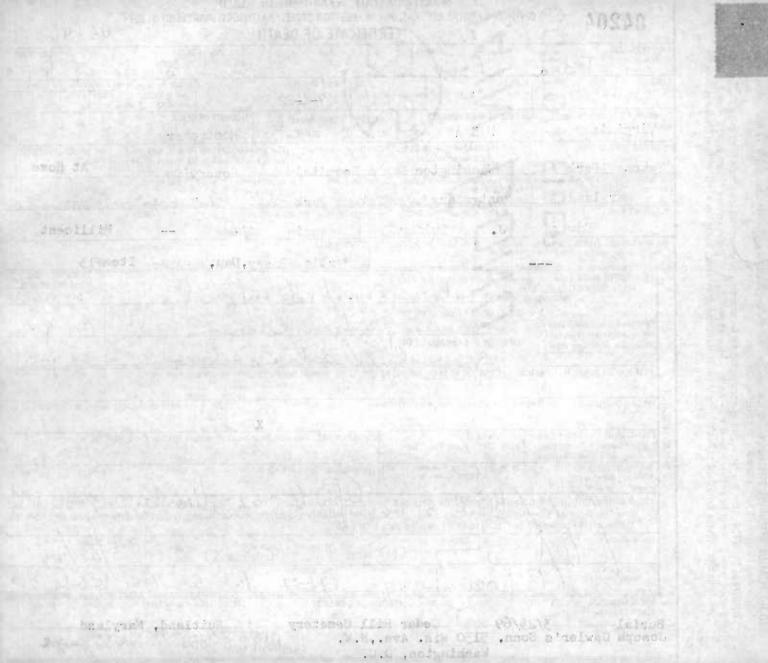
Popular, tony, version

Virginia Documenta - VIII - VI ned Automobile Some Lee, erioù meshigavou d'ed.

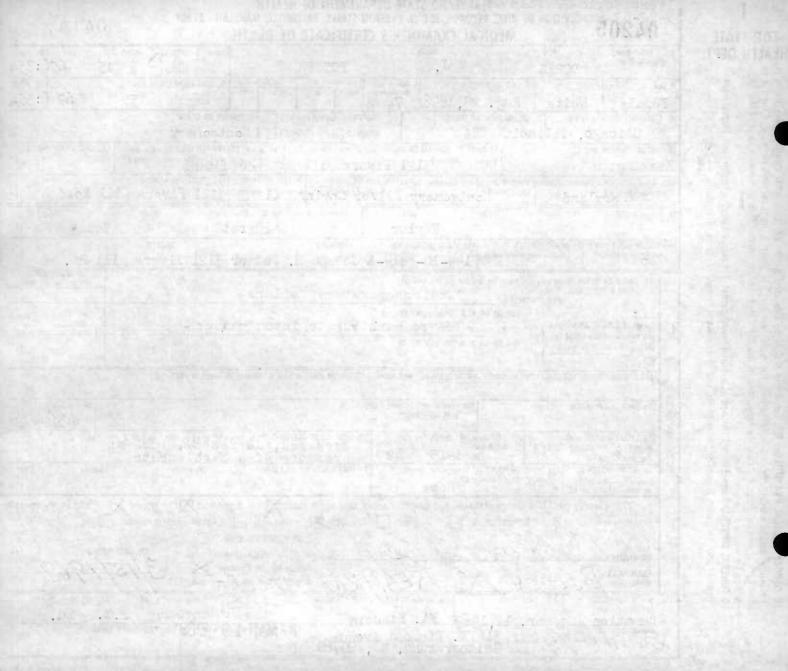
- 1						DEPARTMENT OF		
	0420	3	DIVISION OF	VITAL RECORDS			TIMORE, MARYLAND 21201	04195
Ļ					CEKTIFICA	ATE OF DEATH		
ľ	DECEASED-NAME (Type or print)	First		Middle		lost	2a. DATE OF DEATH Manth D	2b. HOUR
L		BER		K.		PORTER	3 /	8 69 4054.M
3.	SEX		4. RACE			S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Ļ	F			W		, -	882 Idst birthday) YRS	
10	D. BIRTHPLACE (State puntry)		7b. CITIZEN OF WHA			NEVER MARRIED	9. COUNTY OF DEATH	
	ratyle		U.S.		WIDOWED [MONTGO.	
	BETHE	SDA	give st	ME OF HOSPITAL OR I reet oddress) Y / G R OS Y	ENOR	LANE during m	AL OCCUPATION (Kind of work dane nost of working life, even if retired.	INDUCTOR
13	lo. USUAL RESIDENCE Imission) STATE	(Where deced HRYLA	osed lived, if institution 13b. COUNTY	on: Residence before	e 13c. CITY OR 1		13e. STREET AND NUMBER	
1.	FATHER'S NAME	First	Middle	Last	15.	MOTHER'S MAIDEN NAME	First Middle	Lost
		heodo	re Koldewe	y		Wilamena	Fam1	
1	6o. WAS DECEASED EV Yes, no, or unknown NO		war and the state of the state	214-16-		M. R. POR	TER (SON) BOX3	5-9 LAURELMI
Ī	18. CAUSE OF D	ATH (Enter a	nly one couse per line	for (a), (b), and (c).)	0 ` 0 `	1 0	APPROXIMATE INTERVAL Bytween onset and death
	PART I. DEA	H WAS CAUSI	ED BY: IATE CAUSE (o)	acrile	_wyo	randial '	t disease	burung
1	1410	7		A CONSEQUENCE O	F A	C . (.	Loia	_
	Canditions, if any	, which gove)	Orler	word	sur near	rayeon	duracc
L	stoting the unde		DUE TO, OR AS	A CONSEQUENCE O)F			
	last.		(c)					
	PART 2. OTHER S	GNIFICANT CO	NOITIONS CONTRIBUTE	NG TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
CEPTICICA TION	190. DATE OF OPER	ATION 19b.	CONDITION FOR WHIC	H OPERATION WAS I	PERFORMED	20o. AUTOPSY?	20P 1E AEZ MEBE EINDINGZ	CONSIDERED IN CERTIFYING
10101					EK. SKINES	YES NO NO	CAUCES OF DEATHS	CONSIDERED IN CERTIFICIAN
				INJURY	21c. HOV		r noture of injusy in Port 1 or Part 2	2. Item 18.)
MERCAL	OR CONTRIBUTING			Month Day Yea	or	(411)		,,
AAFF	21d. INJURY OCC	IDDED TOL.			FACTORY.) 21f. LOC	ATION Street or R.F.D. No	. City or Town	County State
	While Not w	nile 🗌	(0	OFFICE BUILDING, ETC.	/	1	0 -1 -	10
			nis haspital) atter	nded the decen	sed/fom_	196	1 to 3/12	st , that (I) (we) last
	saw the	deceased o	alive an 3		19 6 1, and	that in (my) (our) ap	inian death accurred an the c	date and haur and fram the
		ated abav	e, (1) (we) (did) (e	did not) view the	e bady after de	eath.		
	22b. SIGNATURE	enel	Allow	an son	. DEGRE	ATTENDING PHYS.	MED. STAFF 220	c. DATE SIGNED
	22d. PHYSICIAN'S NAME (Type)	Jane	et A. Moco	witz		Bethes da,	Maryland	
13	IO. BURIAL, CREMATIC	N, 23b.	DATE		F CEMETERY OR C		23d. LOCATION (City or Town)	(County) (Stote)
	REMOVAL (Specify Burial	3	-20-69		Park C		Baltimore City	
2	FUNERAL DIRECTOR	777.1	/ / 107 1	ADDRES			BY REGISTRAR 25b. REGISTRAR	
	Howard H	. Hubb	ard 4107	wilkens A	avenue 2	1229 DMAR	20 1969 Haller	les Judge



500	NOTES CONT.	1			D STATE DEPARTMENT		
			04204			BALTIMORE, MARYLAND 21201	011
A SHE			0.1140.7		CERTIFICATE OF DEA	ATH	04196
	市 _ 2 年	1	DECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
	death		(Type or print) Edua	Earl	Posey	Month Da	Y GO PM
		3	. SEX	4. RACE	S. DATE OF BIRTH	6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS.
	争		F	W	7-4-82		MONTHS DAYS HOURS MIN.
	by	7	o. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		
O	d in Jers. 72 h	· ·	ountwirginia	USA	WIDOWED TO DIVORCED		Md.
	xecuted within 24 hours ofter completely filled in by the to nove carbon papers. Pages I ny event, within 72 hours affest	Ī	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN:		to. USUAL OCCUPATION (Kind af wark done	12b. KIND OF BUSINESS OR
	with bon with	7	Takoma Park	Washington S	an & Hospital	uring mast af warking life, even if retired.)	At Home
0			Ba. USUAL RESIDENCE (Where decease	sed lived it institution. Residence before	13c. CITY OR TOWN 13d. INS	HOUSEWITE IDE CITY LIMITS? 13e. STREET AND NUMBER	
9	ev ev	a constant	dmission) STATE Maryland	13b. COUNTY Montgomery	Takoma Park	7667 Maple Av	// 010
3	executed ind comple remove ca		4. FATHER'S NAME First	Middle Last	1S. MOTHER'S MAIDEN I		Last
3 %	in a	/	Edward	J. Twifor	d Annie	iditan	Millicent
3 4	icate Sicient pleose	ī	6a. WAS DECEASED EVER IN U.S. ARA	MED FORCES? 16b. SOCIAL SECURITY I		Address	
EA	E D		Yes, no, or upknown) (If yes give w	var or dates af service)	Myrtle P	osey. Pau As Above It	em#13
14	g ph Then		18. CAUSE OF DEATH (Enter on	ly ane cause per line far (a)(1)(b), and (c).			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
113	ath idin it.		PART I. DEATH WAS CAUSE	D BY: ATE CAUSE (a) acute le	- a con Vist	in langet	30 L
-	de utter erm n, o		4109	DUE TO, OR AS A CONSEQUENCE OF	10-0	agrada 1	-
~	the control of the artio		Conditions, if any, which gave		200000	0-0	20 90
0	hat J. the		rise to immediate cause (o),	DUE TO, OR AS A CONSEQUENCE OF	J. A.	exorto	13
-	the low requires that the death attending physician. hos been signed by the attendine as the burial-tronsit permit. It prior to burial, cremation, or re		stating the underlying couse lost.	(1) Receral	2. Il contar	74 - 2 - 0 - 0 - 0 - 0	3044
20	phys igne igne uria		PART 2. OTHER SIGNIFICANT COM	NDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEA	ASE OR CONDITION GIVEN IN PART 1(a)	# # =
5	ng F						
(v	low ndin beer s the	R.	190. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
	The atte hos see a the pr		190. DATE OF OPERATION 19b.		YES 🗀	NO CAUSES OF DEATH?	
2	or or or use					(Enter noture of injury in Part 1 ar Part 2,	Item 18.)
2	CIA ifolification of H		OR CONTRIBUTING CAUSE OF DEAT (If either, natify medical examin				
4	YSI nosp cert chec pt. c				CTORY.) 21f. LOCATION Street or R.	F.D. No. City or Town	County Stote
(1	ATENDING PHYSICIAN: stained by the hospitol or CTOR: After this certificate should be detached for until the State Dept. of Heal		While Not while at work at wark	DEFICE BUILDING, ETC.	100-0	1,	
	by the free does do		22a. I certify that (I) (th	ts hospital attended the decease	ed from Gran	, 1962, to 100 2119	69, that (I) (we) last
	ND Sed by		saw the deceased a	live on weather 21 1	9 6 gand that in (my) (au	ur) apinion death occurred an the do	ate and haur and from the
	dine dine H			(we) (did) (did nat) view the	bady after death.		1-1-1
	OR ATTENI be retained DIRECTOR: A ge 3 should led with the	1	22b. SIGNATURE	1 and my	DEGREE PHYS	MED. IT STAFF	DATE SIGNED
	L OR be r DIRE		22d. PHYSICIAN'S	1 - 1/	11115.	DIRECTOR PHYS.	0/21/69
	RAI Pe		NAME (Type)	F. Kneuzbur	22e. ADDRESS 7 F 5 2	16 0 56. NW	(000) DC
	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be execused a may be retained by the hospital or attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending phystrian and ca director, page 3 should be detached for use as the burial-tronsit permit. Then please remose should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any	7	30. BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(Caunty) (State)
	Pog.	4	REMOVAL (Specify)				
	5-5	1	Burial 4. HUNERAL BIRECTOR	3/25/69 Cedar	Hill Cemetery	REC'D BY REGISTRAR - 1.25b. REGISTRAR'S	GNATURE
	VR A15 V4	M	Joseph Gawler's	DOMO JIJO WIBS N		MAR 2 6 1969 Action	res Judge
	179	00		Washington.	DATE		(/ 1



1	Item 5-22	s13c,1	8-22aFi EDIVISION O	1m412M	ARYLAND STAT	PRESTON	STREET RAIT	HEALTH	ARYLAND 21	201			
FOR STATE	n.	4205	-DIVISION O	MEDIC	CORDS, 301 W.	ER'S CE	RTIFICATE	OF DEA	TH	201	0	419	7
EALTH DEPT.	1. DECEAS	ED-NAME or Print)	First DORIS		Middle J		Lost POTTER		20. DATE OF	ESTI-	onth Dov		2b. HOUR
and 3 ta M3. Page tment af	3. SEX	4. R		S. DATE OF BIR	TH 6. A	GE (In years st birthday)	IF UNDER 1 YEAR MONTHS DAYS	IF UNDER 24 I	HRS 2c. DATE	PRONOUNCED DEA	ND.		2d. HOUR
1, 2, and 3 m PM3. Pa	Fem		White		25,1896	72 YRS.	NED E THENED MAD	20152		rch Poy		Year 169	6:354m
Sive Pages 1, 2 and with farm the State Dep		PLACE (State or f Chicago	o, Illin	CITIZEN OF WH	SA		RIED NEVER MAR VED DIVO		Montgom				Mo
along with farm with the State De leath	Kens	R TOWN OF DEA		give s	AME OF HOSPITAL OR treet oddress) 312	l Plye	rs Mill	Reduring m	countar	(Kind of work d lite, even if retire		KIND OF BUS USTRY	SINESS OR
0 1 0		CTATE .	where deceased and	lived, if institution 13b. COUNTY	ntion: Residence before ntgomery	13c CITY		YES NO		Plyers	Mill	Road	
of after 15	14. FATHE	S'S NAME	First	Middle	Taylo		1S. MOTHER'S MAIL	DEN NAME Marge	First aret	Middle	Y	lo: oung	st
pages 2 hours	160. WAS I	ECEASED EVER IN , or unknown)	U.S. ARMED FOR	CES? or dates of service)	166. SOCIAL SECURITY	NO. 17	INFORMANT Joseph H			ADDRESS Plyers			
ansit permit. File event within 72	1B.	CAUSE OF DEA	TH (Enter only o	ne cause per li	ne far (o), (b), and (c	:).)						APPROXIMATI BETWEEN ONSE	
the Chief Medical Examiner's rial-transit permit. File pages n any event within 72 hours	9	50.0	IMMEDIATE	CAUSE (a)	AS A CONSEQUENCE O		atory fa	BIITUF					-0.
ansit ever		ditions, if ony, v		(b)			turate :	intoxi	ication			,	
used as a burial-transit emaval, and in any ever		ing the underly		DUE TO, OR	AS A CONSEQUENCE (OF							
0	PART	2. OTHER SIGNI	FICANT CONDITIO	(c) ONS CONTRIBUT	ING TO DEATH BUT NO	OT RELATED T	O THE TERMINAL DI	ISEASE OR CO	NDITION GIVEN II	N PART 1(a)			
d be used as ar remaval, a	CERTIFICATION 1061	DATE OF OPERA	TION		19b. CONDITION FOR WAS PERFORME		ATION					20. AUTOPS	NO 🗆
	₹ PRI	EXTERNAL CAUSI MARY [3] OR COM ISE OF DEATH	E WAS NTRIBUTING	21b. TIME OF HOUR A.		eor 21	L HOW INJURY OC Decease			y in Port 1 or Port d, took		1B.)	
crematian,	W	INJURY OCCURR			At hame, farm, street,		f. LOCATION Street			ar Tawn		ounty	State
DIRECTOR: Page or ta burial, crem		22a. I cert	rify that Iraal		he remains descri	/ /			Inspection		y X	and in r	ny apinian
ng p		death result	ed from:	Natural caus	ses Accide	ent [],	Suicide X,	H6mičide EF MEDICAL EX		termined ma	nher		
RAL DIRE		TUAL	Sold	len	15h.C	Raf	/	ISTANT MEDICAL EX		22b.	DATE SIG	NED	
O FUNERAL Health prior		AMINER'S IME (Type)	BELDE	N/	Y RE	AD		HITY MEDICAL		inty) 3/	15/	196	9
He	REA	RIAL, CREMATION, MOVAL (Specify)				-	OR CREMATORY			(City or Tawn)	P.G.		State)
_		mation RAL DIRECTOR	Mar	Carried House	100	Linco		2So. V AT		69 25b. KEGIST			ic.
ME (5 00	64	trest 6	- port	Gai	E. Diamo	Md.	20760	DATE			-1-3	7,	



MAKTLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04198 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle death. 20. DATE OF DEATH 2b. HOUR. and (Type or print) eral Month may Prince event, within 72 haurs after 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IE HADER 24 HRS last birthday) HOURS 3-28-8 wh: 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH clan and campletely filled in lease femave carban papers. USA Montgomer WIDOWED X DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF during mast af working life, even if retired.) Par washington 13o. USUAL RESIDENCE (Where deteased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER admission) STATE Mentsomer YES TO Takoma lar and in any 14. FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Yes, no a unknown) (If yes give war or dotes of service) 577-38-00161 crematian, ar remaval, Sanitarium & 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) burial-transit p Conditions, if any, which gave) rise to immediate cause (o). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached far use as the shauld be filed with the State Dept. af Health priar to TO HOSPITAL OR ATTENDING PHYSICIAN: The law 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day P.M. 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Town County State While Nat while at wark 22a. I certify that (I) (this hospital) attended the deceased fram Avg., 1968, ta Mach 22, 1969, that (I) (we) last saw the deceased alive an mach 9, 1969, and that in (my) (our application of the date and have and from the be retained causes stated abave, (1) (we) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED ATTENDING DEGREE DIRECTOR 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) 23o. BURIAL CREMATION. REMOVAL (Specify) 3-19-69 Lincoln Cemetery Bladensburg, Maryland 24. FUNERAL DIRECTOR 2Sq. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE PUMPHREY, Bethesda, Maryland & Cherries Judge

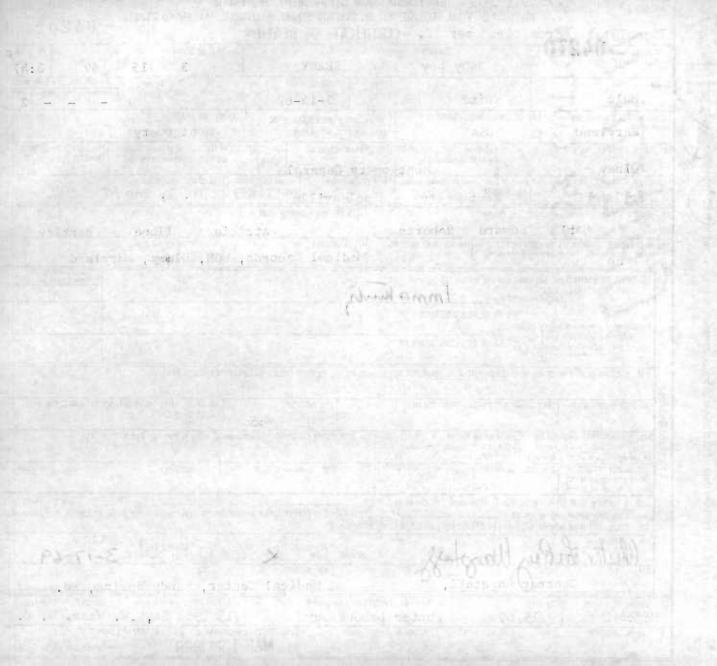
		90540
	11.02 (S = My Fair St	
384	,	HILL THE

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04207 CERTIFICATE OF DEATH 04199 DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR death (Type or print) Month Doy IAMES IEEN ARCH 72 hours after 3. SFX 4. RACE S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS 6. AGE (In years last birthdoy) DAYS MALE WHITE 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED WIDOWED | DIVORCED | MONTGOMER N. CHROLINSI 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR **TO HOSPITAL OR ATTENDING PHYSICIAN:** The low requires that the death certificate be executed writhin Page 4 may be retained by the hospitol or attending physician. carbon give street oddress) Contstruc during most of working life, even if retired.) BETHESDA event 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY YES NO F monigomerc crematian, or removal, and in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First JOHN attending physician coermit. Then please 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Yes, no, or unknown) (If yes give wor or dotes of service) 578-10-9842 NORMAN 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit p Conditions, if ony, which gove: Rutture rise to immediate couse (a), DUE TO, OR AS ACONSEQUENCE OF stoting the underfying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO HE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0) Enjoymen arlen 19o. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? NO X YES -TO FUNERAL DIRECTOR: After this certificate 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH (If either, notify medicol exominer) HOUR A.M. Month Doy Yeor 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STRFFT, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (1) (this haspital) attended the deceased from march 6, 1969, ta dale 19 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** STAFF PHYS. 11 much 1969 DIRECTOR 22d. PHYSICIAN'S NAME (Type) John G Ball 22e. ADDRESS 7936 Old Georgetown Rd Bethesda, Md 23d. LOCATION (City of Town) 11e (County) nt (Ma) 23b. DATE 23o. BURIAL, CREMATION, 23c. NAME OF CEMETERY OR CREMATORY REMOYAL (Specify) 1 Parklawn Cemetery 3-14-69 7557 AMESCONSIN AVE 250. REC'D BY REGISTRAR 24. TOUSTHE BETTOR A Pumphrey 2Sb. REGISTRAR'S SIGNATURE Bethesda, Maryland MAR 14 (Milerala Verder

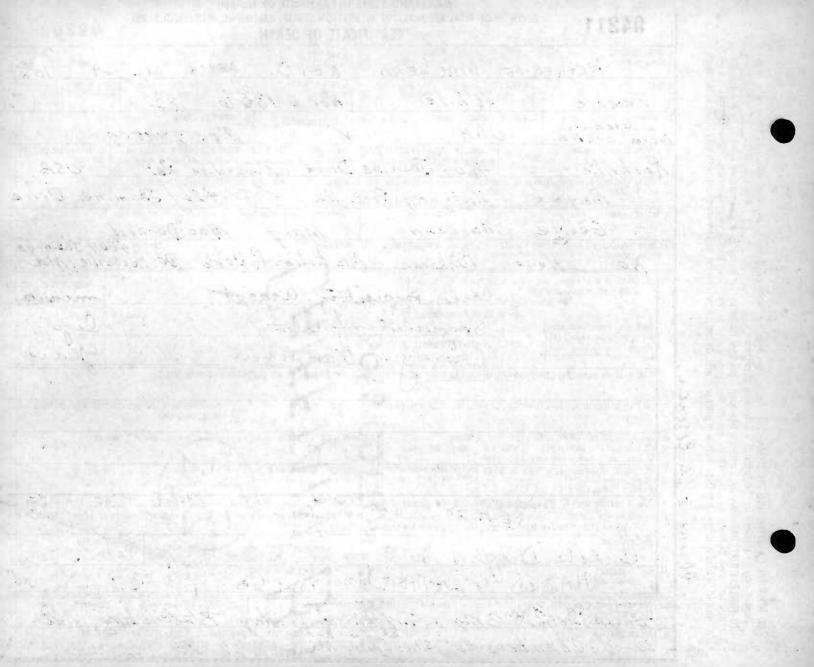
		STATE OF THE				11
er earr et g			D. ES		Suyes	
		WAL TH				
1919	Ponte			A. T. D.		
	enrusti .	asos:	y viole		on Page	spylle.
1000	EUST I	Link as it	Van 4100 10		Avr. Lygie	
			Tasconsii.		Bivec	
	bines -1	majorani veti				
			A SALE			

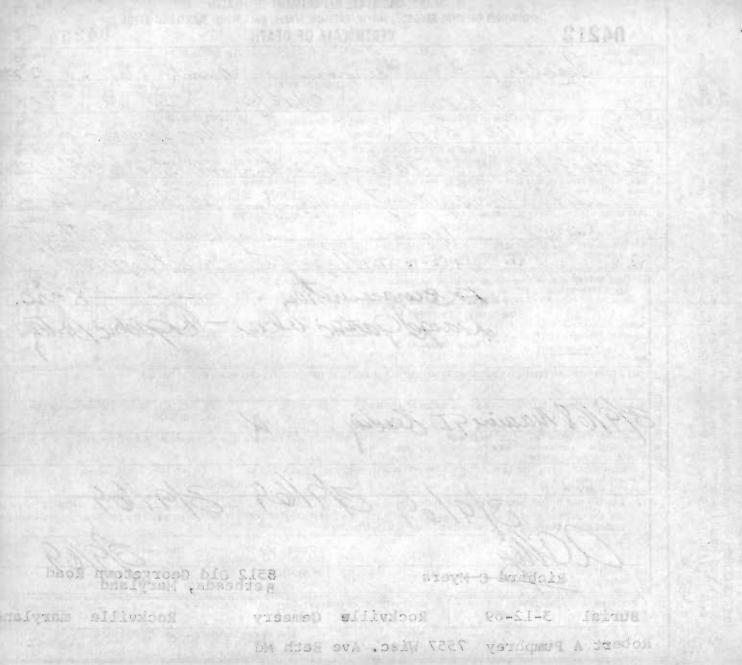
· (4	inarch 13	ben-	. Je maiji	14000
	हेडे प्रेलंड हुड	= July	od.iti.	olake"
	and the second		·n.d.V	.id.
	eMa agred	iat d ors' arg	S .Ja	codfield
	43 Jose 319	ofs Speci	.Juoil	,5%
Y.S.Y	Suna	1 د	oui,	eoland.
3	seed Coleurile			ç.:
				CONTRACTOR OF STREET, STORY & C.

MAKTLANU STATE DEPAKTMENT OF HEALTH



	MARTLAND STATE DEPARTMENT OF REALIT
	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
	04211 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 04203
	CERTIFICATE OF DEATH
# 12 H	1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH 2b. HOUR (Type or print) 100 (1/2 Claim 100 Accordance) 100 (1/2 Claim
death. neral and 2 death.	(Type or print) RATHERINE MACLEAN REID. MARCH Month 12 Doy 69 Year 10 RM
fun 1 er o	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In yeors I FUNDER 1 YEAR I IF UNDER 24 HRS.
after the fur	last birthdoy) Months Days Hours Min.
ours ours	
Par Par	70. BIRTHPLACE (Stote or forgign country) 75. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
d irr	Nova Scotia USH WIDOWED DIVORCED Montgomery Md.
filled paper thin 7,	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
equires that the death certificate be executed within 24 haurs after death physician. signed by the attending physician and completely filled in by the funeral burial-transit permit. Then please remave, carban papers, Pages 1 and 2 burial, cremation, ar remaval, and in say event, within 72 haurs after death	Rockville give street oddress) Jasnine Drive during most of working life, every refired.) INDUSTRY SA
w arbo	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY_HIMITS? 13e. STREET AND NUMBER
T see see	admission) STATE AND 1 13b COUNTY AND 1
and semple remayer in any evel	Maryland Monteconery Nockettle = 130/ Sesmine Office
× = = = /	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
OR ATTENDING PHYSICIAN: The law requires that the death certificate be be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician or e 3 shauld be detached far use as the burial-transit permit. Then please not with the State Dept. of Health priar to burial, cremation, or remayal, and interval.	George MacLean Mary Mac Donald
ife ciar and and	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT. Address 4804 Jasinge
fice ysii	Too no ordinarnown) 1 III ves give war or aggles at service) 1 Ves
ne death certifi attending phy permit. Then ion, ar remava	NAME OF THE PARTY
e The	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).)
andi nit.	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardia- Respirating arrest minutes
de de la de	4109 DUE TO, OR AS A CONSEQUENCE OF
the the	Conditions, if only which gove) (b) myrender confordays
nsi + .	rise to immediate couse (o),
tra by	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF
quires tho physician. signed by burial-tran burial-tran	lost. (1) Cronery Orleus elevous flais
Sign Sur	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BOT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)
w redding een the rrtal	
The law ratending attending has been se as the h priar ta	90. DATE OF OPERATION 196. CONDITION FOR WHICH DPERATION WAS PERFORMED 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
as b as b prior	YES NO NO CAUSES OF DEATH?
こう るい 書く と	
AN: The all ar att icate ha far use Health p	21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) 3 □ DR CONTRIBUTING □ CAUSE OF DEATH HOUR A.M. Month Doy Yeor
三	
by the haspital ar attending physician. When the haspital ar attending physician. Wher this certificate has been signed by be detached far use as the burial-transtate Dept. of Health priar to burial, cre	S OLD INTUDY OCCUPATION OF DIAGRACIA OF INTUDY AND MARKET SATIONAL COLUMN OF A DEPORT OF THE COLUMN
P. P	While of work of work of work
NG the er the ate	270 Leastifus that (1) (this pagnital Wattanded the despect from (1) Wall 106 X to (1) Wall 10 6 X that (1) The last
DIN be Start	22a. I certify that (I) (this hespital) ottended the deceosed from Common (my) (ser) apinion deoth occurred an the date and hour and from the
OR ATTENE be retained JIRECTOR: A e 3 shauld ed with the	saw the deceased alive on 19—19, on that in (my) (our) apinion death occurred an the date and hour and from the couses stated abave, (t) (we) (did) (did nat) view the body after death.
A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	22b. SIGNATURE 22c. DATE SIGNED
3 3 E S	ATTENDING MED. STAFF STAFF
AL O L DII filed filed	No de la companya de
AL AL	22d. PHYSICIAN'S HARRIE (Type)
TO HOSPITAL OR ATTENDING PHYSICIAN: Page 4 may be retained by the haspital ar TO FUNERAL DIRECTOR: After this certificate director, page 3 shauld be detached far us shauld be filed with the State Dept. af Healt	THROLD W. ON THE T. TOO STORY OF STORY OF STORY
Ho Get aul	230. BURIAL, CREMATION 2 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County (Stote)
Pa o ja	REMOVAL (Specify) & Mach 12 194 Fort Linnoln Comstany Bladens woo Md
	24. FUNERAL DIRECTOR ADDRESS 8655 62 Ave 250. REC'DET REGISTRAR 25b. REGISTRAR'S STONATURE
VR A15 (4)	W. W. Chambers Co Silver Spring Md DATE MAR 20 1969 Mchanles Judge
A STATE OF THE STA	DATE WITH DE TOUR





			21270
en sur coellus. He		AMELONOSTIAL	TOTAL .
	FRESHMEN, II	10 7 3 4 5 0 10	
Y10,400)			
and the second	or . B. U . M. AT ATTE		
			making a
	playing . It may that	[MT - 55-288] [FE037]	EX.
	Faur of the control o		
AND COLUMN			
Chimieral Ab cast	Tarigooli fansi	ar are at	.S.W.
			WUACHIE
	Charles and the same of the sa		.8.00

MARYLAND STATE DEPARTMENT OF HEALTH

84214 Comment of the AND PROPERTY OF THE PARTY OF TH Response to the contract of th relief by the few few and the land of the

1	MARYLAND STATE DEPARTMENT OF HEALTH	
	04215 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04207
_	216 -402. CERTIFICATE OF DEATH	
1.	1. DECEASED-NAME First Middle Last 2a. DATE OF DEATH (Type or print)	2b. HOUR
_	LNFANT MALE KIGGS MARCH 13	- 1969 11 %
3.	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
	11/4/E NEGRO 3/15/69 - YRS.	MONTHS DAYS HOURS MIN
70	7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
1	COURTY) MARRIED NEVER MARRIED N. F. COUNTY OF DEATH METHOD DIVORCED DIVORCED MONT Game	ec- Mi
ID	ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital learning of the street oddress) 12a. USUAL OCCUPATION (Kind of work done live street oddress)	12b. KIND OF BUSINESS OR INDUSTRY
	BETHESDA DYBURBAN WINNING MO, FER MINING	INDUSTRY
ad	13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before lac. CITY OR TOWN lad. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ladmission) STATE	The Post and the
	MARYLAND MUNTGOMERY CATHERShips	Box 43
14	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	lost
16	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	K1665
1	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no, or unknown) (If yes give war or dates at Service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
-		APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter anly one cause per line far (a), (b), and (c). PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0) CMOPLIA	
	Conditions, if any/which gave) DUE TO, OR AS A CONSEQUENCE OF	
	rise to immediate cause (a).	
П	stating the underlying cause last. (c)	
13	PART 2. OTHER SIGNATION CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
1,	1 Constine Valor	
ATIO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Da. AUTOPSY? 2Db. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
TIFF	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Dd. AUTOPSY? YES NO 20b. IF YES, WERE FINDINGS CO	
	1216. HOW HOURT OCCURRED LETTER OF HIGHER PART / I	tem 18.)
DICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M. 19	
ME	T Z I G. DUUKT ULLUKKEU 1 / 18. PIALE UP INJIKT FAI NOME, FARM, SIKEEL FALIUKT, 11 / 11 / 11/ ATIEN (troot or D L I) No. 6 feb. or Town	County State
	While Nat while at work OFFICE BUILDING, ETC.	
	22o. I certify that (I) (this hospital) attended the deceased fram, 19, ta, 19	, that (I) (we) los
	saw the deceased alive an	te and hour and fram the
		ATE CICHED
	Trocker Mus Megree ATTENDING MED. STAFF 127. 131	ATE SIGNED 69
	22d. PHYSICIAN'S 22e. ADDRESS	10101
	NAME (Type)	
23	30. BURIAL CREMATION 23b. DATE / L23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City of Town)	(Caunty) (State) 1
	REMOVALISPECTIVITY 3/8/6 9 Subway Hospital Bothoda M	Butg - Md.
24	4. FUNERAL DIRECTOR 250. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATUR
11	MRS I mela Clarter Aministratora MAR 2 4 1969 yours	By Verdal

21830 anglis Immo with Premien labor Broken new x 3/16/69

MARYLAND STATE DEPARTMENT OF HEALTH

			0.15.41
	. Til DENO	La extraore	และรังอาก
	" - " - " - " - " - " - " - " - " - " -		
7750			
	0.4.20	Inchill B	3/30/34
umen week cil			1.50
is better	ic Solvenia Anna Caraci i Car	. Common ciuc	District Control
7	. Est o similar o		
			A COLUMN TO SERVICE AND A SERVICE AS A SERVI
Caroline County,	english the state of the state	Jagg Land Company	many I then
		. Tye., J. A 1.50.	

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04209 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle Lost 2g. DATE OF DEATH 2b. HOUR deoth. and (Type or print) Month Doy 4. RACE 3. SEX S. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. after 6. AGE (In years last birthday) DAYS cion and completely filled in by the ease remave carbon popers. Par dand in ony event, within 72 hours executed within 24 haurs 7o. 8IRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) US DIVORCED [WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b KIND OF BUSINESS OR during mast of working life, eyen if retired.) give street oddress Employed 13o. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 1/3c, CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER admission) STATE 13b. COUNTY 10710 Huntley Ave. YES X 1S. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Middle Last Last Alice A. Ricketts Samuel L. Robertson certificote 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT Adgestver Spring, Yes, no, or unknown) (If yes give war or dates of service) for use as the buriol, tremation, or removal, Health prior to buriol, cremation, or removal, 213-48-1323 Cooke A. Robertson-10710 Huntley Ave. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) BETWEEN ONSET AND DEATH TENDING PHYSICIAN: The law requires that the death PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove signed by the buriol-tronsit p rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF 4 moy be retained by the hospitol or attending physician. stating the underlying couse lost. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) oneumdu TO FUNERAL DIRECTOR: After this certificate has been 2Db. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do AUTOPSY2 CAUSES OF DEATH? YES [NO 7 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) CLOR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Year detached for P.M. (If either, notify medical exominer) 19 / AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION 21e. PLACE OF INJURY Street or R.F.D. No. County Stote While Nat while at work State 22a. 1 certify that (1) (this haspital) attended the deceased fram Max. saw the deceased alive on March 2419 6 gand that in (my) (aur) apinian death accurred an the date and haur and fram the director, page 3 should should be filed with the causes stated abave, (1) (we) (did) (did not) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED **ATTENDING** DIRECTOR PHYS. PHYS. 22d PAYSICIAN'S 22e. ADDRESS NAME (Type) Roland J. Cavanaugh 015 Spring St., Silver Spring, Md. 23d. LOCATION (City or Town) 23c NAME OF CEMETERY OR CREMATORY (County) 23b. DATE (State) 23o. 8URIAL, CREMATION Burial (Specify) Rockville.Md. 3/27/69 Rockville 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE Tyson Wheeler Funeral Home-1331 Rockville Pike VR A15 (4) 26 1969 Occumela Ondall Rockville, Md.

213-78-11230 Deduc A. Austream-HD710 Buntleys Ava.

Double of Lauren

Polymout, Cavarange

1015 Topolog St., Sili were dancing, 101,

.tx, stliviout nativeless nockville, rd.

a part will suitable little-most investi raffer poin

Walter GIVOL

.5 . animph anvita

A soft

Sociality 70

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04210 04218 CERTIFICATE OF DEATH 2b. HOUR A DECEASED-NAME First Middle 2g. DATE OF DEATH 24 hours after death (Type or print) campletely filled in by the funeral William Robinson Orem March 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF LINDER 1 YEAR last birthdoy) HOURS burial-transit permit. Then please remove carban papers. Page burial, crematian, or removal, and in any event, within 72 haurs at 8 November 1959 White Male 7b. CITIZEN OF WHAT COUNTRY? 70. BIRTHPLACE (State or foreign 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED Maryland Montgomery USA DIVORCED WIDOWED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR within during most of warking life, even if retired.) Bethesda nical Center 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 13b. COUNTY gomery The law requires that the death certificate be executed Maryland Silver Spring YES 10215 Woodmoor Circle 14. FATHER'S NAME Lost 1S. MOTHER'S MAIDEN NAME First Middle First Middle and Virginia Robinson Gardner Thomas 17. INFORMANT The Medical Records Address 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, nevor unknown) (If yes give war or dates of service) None The Clinical Center, NIH, Bethesda, Md. 2001 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).)
PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cardiorespi BETWEEN ONSET AND DEATH Cardiorespiratory arrest 30 minutes DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gove) Leukemia - lymphosarcoma 10 months rise to immediate couse (o), stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) directar, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health priar ta To FUNERAL DIRECTOR: After this certificate has been directar, page 3 shauld be detached far use as the 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO [21g. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day Year (If either, natify medical exominer) (AT HOME, FARM, STREET, FACTORY.) 21d. INJURY OCCURRED 21e. PLACE OF INJURY 21f. LOCATION Street or R.F.D. No. City or Town State County While Not while at work 220. I certify that (A) (this hospital) attended the deceased from 18 March 1969, to 21 March, 1969, that (X) (we) lost sow the deceased alive an 21 March 1969, and that in (XX) (our) opinion death occurred an the date and haur and from the couses stoted obove, (1) (we) (did) Not net view the body after death 22c. DATE SIGNED 22b. SIGNATURE **ATTENDING** MED. DIRECTOR 21 March 1969 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN'S NAME (Type) Institutes Health, Bethesda, Md. 20014 Alan L. Snyder, M.D. 23d. LOCATION (City or Town) 23a. BURIAL CREMATION. 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY (County) (State) Burial (Specify) Silver Spring Montgomery Md 3-25-69 Gate of Heaven 24. FUNERAL DIRECTOR 500 Untversity Blvd. W VR A15 (4) Francis J. Collins Silver Spring, Md

CHAIN SEEL S	all along ny	a such of	LiftyO	· · · · · · · · · · · · · · · · · · ·
		manifestral at the		o Jak
	ATE TO LANCE			A 100 TA
	2.0	, , ,		0 2000
0.8420			i king/	
4 1' v -	0.11.2			. t
	in section.	()		
125	the collection and		Civilina	
Veral C		ger Sam Ger Ger Til G	w ai cive	
to the common serious and		Constitution	.5-5	
i i i	9 3 4 4 4	enn Dani		

1 7	1				PARTMENT OF H		
		04219	DIVISION OF VITAL RECORDS,		ON STREET, BALTI E OF DEATH		04914
. 2.	1.0	ECEASED-NAME First	Middle		Lost A	20. DATE OF DEATH	04211
er death. Foneral 17 and 2 er death.		Type or print) Eugen	P. L.	Rno	PA	MARCHI 200	y year 25. Hour
er d	3. 5		4. RACE	[S. D/	ATE OF BIRTH	6 AGE (In years	1/16 UNDER I YEAR 16 UNDER 24 HRS
s of		Male	Caucasian	J	an. 29, 19	02 last hirthday)	MONTHS DAYS HOURS MIN
S. P.		ntry)	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED N		9. COUNTY OF DEATH	
24 in per 172		Wash. D.C.	U.S.A.	WIDOWED	DIVORCED	Montgomery	M
physican and completely filled in en please (spacked carbon papers, avail, and in any event, within 72 h	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give street address) Potomac Vall	STITUTION (If nat in h		L OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR INDUSTRY
wit with with with with with with with w	130	Rockville	Potomac Vall	Ley N.H.		ired (system)	Auto
mple co	adm	issian) STATE	13b. COUNTY		VES D NO		D 1 N 17
D O O	14.	FATHER'S NAME First	Middle Lost	Wash. D	THER'S MAIDEN NAME FI	4224 Militar	y Koad, N.W.
be exected and continuous in any series		John	B. Rocca		Assunt		Casassa
and		WAS DECEASED EVER IN U.S. ARME	ED FORCES? 16b. SOCIAL SECURITY N			Address	Vababba
riffic ohys val,		es, na, ar unknawn) (Il yes give wa	or dates of service) 579-60-88	IT Ray	Rocca. 33	50 Tennyson St.N	W. Wash. D.C.
ng p The		18. CAUSE OF DEATH (Enter only	ane cause per line far (a), (b), and (c).		AA 6	1 1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death cei attending p permit. The		PART I. DEATH WAS CAUSED IMMEDIAT	BY: CAUSE (0) CARCINOR	natosis	Met	astatic	4 44
att peri		105 X	DUE TO, OR AS A CONSEQUENCE OF	n			
at the the nsit p		Canditians, if any, which gave)	(b) Prostat	10 (2	rcinon	12	6 yest.
the standard by tree trans		stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF				
aquires tha physician. signed by burial-tran burial, crer			(c) DITIONS CONTRIBUTING TO DEATH BUT NO	OT DELATED TO THE	TERMINAL DISEASE ORGE	ANDITION COVER IN DADT 1/)	
req ig p n si e bu		I ANT 1. OTHER SIGNIFICANT CONE	STITUTE CONTRIBUTING TO DEATH BUT NO	JI KELATED TO THE	TERMINAL DISEASE ORCE	UNDITION GIVEN IN PART I(a)	
law ndir bee s th iar t	ATION	19a. DATE OF OPERATION 19b. Co	ONDITION FOR WHICH OPERATION WAS PER	REORMED 2	Oa. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
The atternation of the property of the propert	CERTIFICATION	TO ATTEMPT AND			YES NO T	CAUSES OF DEATH?	
ar ur		21a. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY	21c. HOW IN		nature of injury in Part 1 or Part 2,	Item 18.)
Pitch Pita Pita Sd fe of t	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH	er) P.M. 19				
PHYSICIAN: The law rehe haspital ar attending this certificate has been letached far use as the Bept. of Health priar ta	×	21d. INJURY OCCURRED 21e. P	PLACE OF INJURY (AT HOME, FARM, STREET, FAC OFFICE BUILDING, ETC.	TORY.) 21f. LOCATIO	N Street ar R.F.D. Na.	City or Town	Caunty State
c P the det det te D		at wark at wark			- /	7 11 17	14
DIN Afte Afte be Sta	9	saw the deceased ali	hespital) attended the decease	d from and the	t in (my) (my) anic	ion death occurred on the do	that (I) (we) las
TEN inec ould		causes stated above,	(I) (we) (did) (did nat) view the l	ood after death	i.	non dearn occorred on the di	ore and noor one train in
A Al		22b. SIGNATURE	JXh H	MD	ATTENDING MI	ED. STAFF 22c.	DATE SIGNED
L OIR		22d. PHYSICIAN'S 0.4	econ paly	DECKEE	PHYS. DI	RECTOR PHYS.	123/64
may may rr, po		NAME (Type)	hel M. HFAI	YMD	541 W.	Cedar La. B	thesda IMA
Page 4 may be retained by the haspital ar attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician. To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician, page 3 should be detached for use as the burial-transit permit. Then plandly be filed with the State Dept. of Health priar ta burial, cremation, ar remaval,	23a.	BURIAL, CREMATION, 23b. DA	ATE 23c. NAME OF C	CEMETERY OR CREM	ATORY	23d. LOCATION (City or Tawn)	(Caunty) (State)
10 Pa		REMOVAL (Specify) FUNERAL DIRECTOR	26/69 st. 1	Mary's Ce	metery	Washington, D	.3.
VR A15 000		FUNERAL DIRECTOR	ETZO Wil a AUUKESS	NW	2Sa. REC'D BY		
45M · 11 69 A	NO	seph Gawler's S	ons, wasnington,	J. C.	DATEMAR	20 1000	near Jungan

Pale Gacasian Jan. 29, 1902

COMO JEON

Rectaville Potoune Valley V.H. Retired Rute

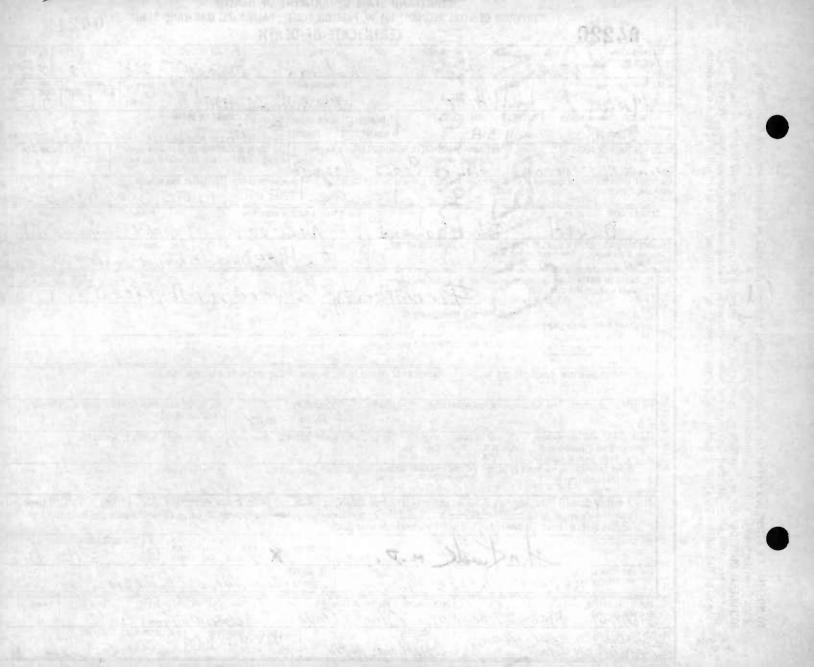
They Mana, 5550 Telegraph Co., No. Well., D. U.

.0.0 ,netsines y common the colors of the co

Joseph Caster's cons, Thuis Sta, C.

John E. Rocca Assunts I. Casansa

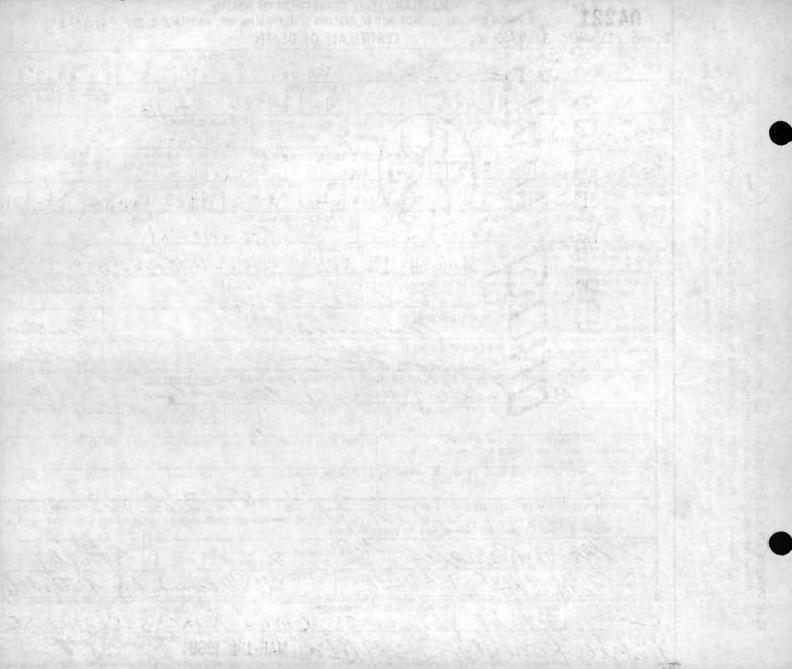
A Sell Sell sellen



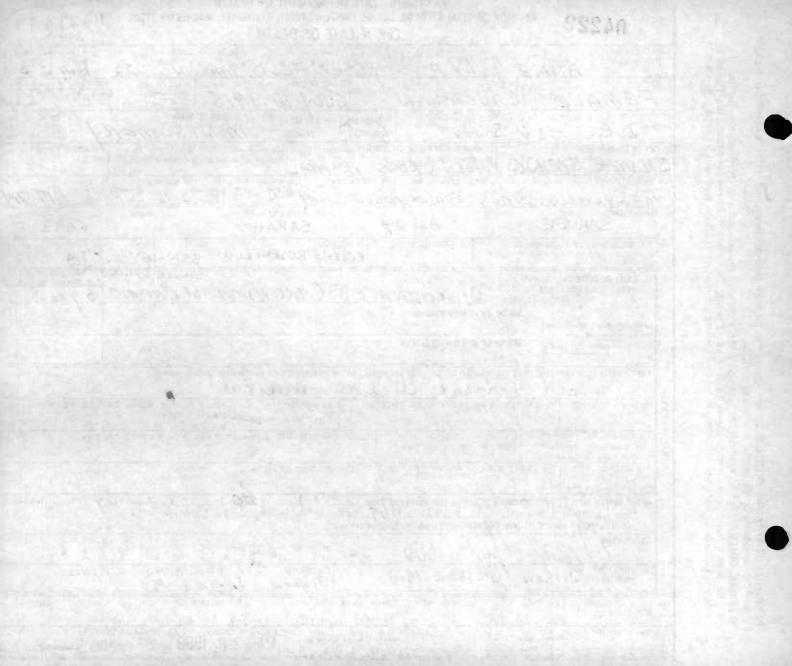
1		04221 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04213
11 /	It	em6 FilmGk10 3/18/69 kk CERTIFICATE OF DEATH	CIAFO
# = = ==		ECEASED-NAME First Middle Loss 20. DATE OF DEATH Type or print) 20. DATE OF DEATH	2b. HOUR
death		Jessee James Noper March 10	Yeog 9 143 M
草	3. S	A Lorent Link link link link link link link link l	FUNDER I YEAR IF UNDER 24 HRS ONTHS DAYS HOURS MIN
after State of the	_	72 /73 YRS	ALL SALES SALES SALES
24 hours after death ed in by the fundral ppers. Rages fand 272 hour after beath	COU	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
n 24 Illed pope	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (Hind in hospital or USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)	Md. 12b. KIND OF BUSINESS OR
Within within	1	ensinator Md. 3000 Mas Omas Ave. during most of werking life, even if retired.)	INDUSTRY
ted vent	13o. odm	USUAL RESIDENCE Where deceosed lived, if institution: Residence before 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER 155ion) STATE YES NO 12.	< L 1111
executed on complete	14	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	164 21. VIII.
be e and and general lin a		Daniel Poricha DNKNOWAL	Lost
requires that the death certificate be g physicion. I signed by the ottending physicion are burial-transit permit. Then please restrict, cremation, or removal, and in	160	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	
phys en p	-	105 m. m. Z. 1776-1178 301110 NOICK-003/1010.	
ing The rem		18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
deai frend rmit, or		IMMEDIATE CAUSE (o) Children Collection	
the or		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove)	3 wills
hot n. by thousing on si		rise to immediate couse (a). stating the underlying couse DUE TO, OR AS A CONSEQUENCE OF	6 WKS
res t sicio led t al-tr		lost. (c) anotheries	awks
equi phy sign buri buri	1	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ding ding een the or to	NOI	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY2 20b. IF YES. WERE FINDINGS CON-	
The low requires the attending physicion. hos been signed by se as the burial-trought prior to burial, cre	CERTIFICATION	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
or o or o or o or o or o or o		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2. Iter	m 18.)
ICIAI Dital Dital Dital Dital	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medicol examiner) P.M.	
PHYSICIAN: The low he hospital or attending this certificate hos beetached far use as the Dept. of Heolth prior the	ME		County Stote
te D		ot work of work 7/10	10
IDIN d by Afte l be s Sto		22a. I certify that (I) (this hospital) attended the deceased from 3, 19, 10, to 19, 19, 19, saw the deceased alive an 1962, and that in (my) (aux) opinion death accurred an the date	, that (we) last
OR:		couses stoted above, (1) (suc) (did) (d id/not) view the bady after death.	ond hoor and train the
OR ATTENDING PHYSICIAN: be retoined by the hospital or DIRECTOR: After this certificate je 3 should be detached far us ed with the State Dept. of Healt		ATTENDING WED. STAFF C	TE SIGNED /69
AL O by be cage filec	Н	22d PHYSICIAN'S 1 21/1/1/1/1/1/1/1/1/1/20 ADDRESS 2 1 2 1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1/1	2 -1 1.0
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours are page 4 may be retained by the hospital or attending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and completely filled in but director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Page should be filled with the State Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 hours.		NAME (Type) MANIN WAVLER 82/8 Wisconeing Av.	Well Malo
HO age	230.	AFMOVAL Charity 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(County) (Stote)
	24	DINERAL DIRECTOR / ADDRESS 2Sq. RECD BY REGISTRAR 2 25h PROSTRARS SM	CRICER D.C.
VR A15 (4) 45M - 1/69	4	MAR 14 1969 June 389 ELAS MAR 14 1969 June	of my

1

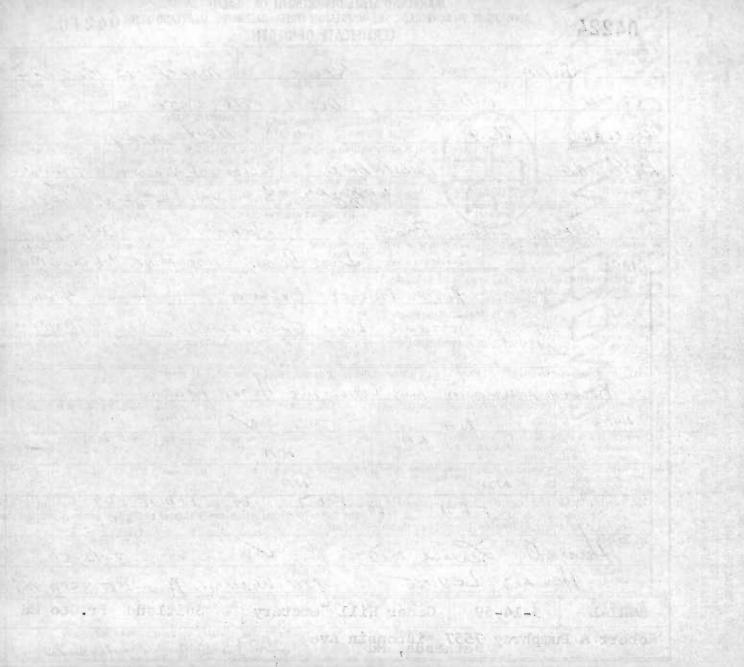
ALVERT ALL DED VIDINGENI VE REVILLA



1					MAKIL	AND SIA	IL DEPAKTME	MI OF HEAL	.1П			
1	1	-	0.000	DIVISIO	N OF VITAL RECORD	DS. 301 V	, PRESTON STREE	ET. BALTIMOI	RE. MARYLAND 212	201 (0421	,
1			04222				FICATE OF D				JINI	4
						CLKII						
Ę	====		ASED-NAME F e or print)	First	Middle		Lost	20.	DATE OF DEATH Month	Day	Vage	2b. HOUR
ed	Funeral Fand er deat	(1)P	AL	INE	EVA.	K	OSENFE	ELD 1	MARCH	23	1969	3/3 M
-	2 4 50	3. SEX		4. RACE			5. DATE OF BIRTI	Н	6. AGE (In year			UNDER 24 HRS.
offe	10000	6	FEMOLE		AUCASIA!		JULY	10 10	15 last birthdoy) MON	THS DAYS H	IOURS MIN
5	5 . S		LIITTLE					10,171		YRS.		
9	9	7o. BIR	THPLACE (State or foreign	7b. CITIZEN	OF WHAT COUNTRY?	8. MAR	RIED NEVER MARRIE		UNTY OF DEATH		1	
24 haurs after death	in ers. 72 h	Cooming	D.C.	101.	Siff,		WED DIVORCE	0 11	ONTGOM	IER	/	Md.
2 ر	lleo in	ID. CITY	OR TOWN OF DEATH		11. NAME OF HOSPITAL OF	RINSTITUTION	(If not in hospital	120. USUAL OC	CUPATION (Kind of work	done 7	2b. KIND OF BU	SINESS OR
within	campletely filled tove carbon papery event, within 7	51	11150 50	01411	give street oddress)	ncc	Macara		working life, even if ret		NDUSTRY	
- X	r bd ,	10 11	LUEN DECIDENCE ON	1/100	140LY CK	.055	MUSPITAL		In Croser and will	250		
18	ent car	odmissi	SUAL RESIDENCE (Where de	13h CO	INSTITUTION: RESIDENCE DET	ore 13c. CH		I. INSIDE CITY LIMITS?	13e. STREET AND NUM	BEK -	_ 1	-
(43	and camp remove n any eve	_0	ARYLAN	D m	UNIY UNTGOMER	MICH	IER SPRING Y	ES NO	8510 16	S/RE	E1 /1	PI 714
· ×	D b	14. FAT	HER'S NAME First	Mi	iddle Los	it .	IS. MOTHER'S MAID	EN NAME First	Mic	ddle		Lost
9	and rem in an	100	SAMUE	L	ALL	-OY	5A	RAH			KAT	7
ە	ician and collease remo	160 14	AS DECEASED EVER IN U.S.	ADMED EODCES	? 16b. SOCIAL SECUR	ITY NO	17. INFORMANT	-	Add	Iress		
to	Sici.		no, or unknown) (If yes	give war or dates of ser		III NO.	EUGENÉ RO	SENFELI	8510-16		#711	
PHYSICIAN: The law requires that the death certificate be executed	pnysician. signed by the attending physician of burial-transit permit. Then please burial, crematian, ar remaval, and in						EUGER IV				MD	
9	attending permit. The	18	8. CAUSE OF DEATH (Ente	r only one couse	e per line for (o), (b), ond	(c).)				PILING	APPROXIMAT	E INTERVAL I' AND DEATH
£	r. e		PART I. DEATH WAS CA	AUSED BY:	1)1000		FO (AR	C(NOM	4 OF BRE	-ANT	6000	40
de	rmi rmi		1741 IMM	MEDIATE CAUSE (o			2 00.00	CC/ 160, 1	, ,,,,,	7001	1	
e	o d io		/ / X		O, OR AS A CONSEQUENCE	OF				M. 1.		
-	the mati		onditions, if ony, which go se to immediate couse ((b)		MOST LA					
t :	pnysician. signed by the burial-transit burial, cremat		toting the underlying con		O, OR AS A CONSEQUENCE	OF						
S :	al, al		ist.	-)	(c)		75.00					
· in it	urio dan	l le	PART 2. OTHER SIGNIFICANT	CONDITIONS CO	NTRIBUTING TO DEATH BU	T NOT RELAT	ED TO THE TERMINAL D	DISEASE OR CONDIT	ION GIVEN IN PART 1(o)			
9 5	arrenaing pnysician, has been signed by se as the burial-trai th priar to burial, cre		St.	1 5	duced (Vial.	to me	ADDITHE	•			
≥:€	by rne nospiral ar arrenaing After this certificate has been be detached far use as the State Dept. af Health priar ta	Š.	1(401			N W	a vi	ecer o	Topi is use were simi	DINOS SONIS	DEDED IN CEDI	FIFTURIO
9	s b as	CERTIFICATION	Oo. DATE OF OPERATION	19b. CONDITION F	FOR WHICH OPERATION WA	2 PERFORME	20a. AUTOPS	Y?	2Db. IF YES, WERE FINI CAUSES OF DEATH?	DINGS CONSI	DEKED IN CERT	IIFTING
The	E P S E	뜶					YES	NO -	CAUSES OF DEATHE			
- · ·	ar u de		Io. ACCIDENT WAS UNDER		TIME OF INJURY	2	1c. HOW INJURY OCCUR	RRED (Enter notu	re of injury in Port 1 or	Port 2, Item	18.)	
₹ 5	5 流る手	3 [OR CONTRIBUTING CAUSE OF	DEATH HOUR	R A.M. Month Doy Y P.M.							
S	by rne nospiral ifter this certifice be detached fal State Dept. af He	3 0	f either, notify medical ex			T FACTORY 1 2	16 LOCATION Street	PED No	City or Town	C	ounty	Stote
돌 2	ach ach	V	Vhile Nat while	ZIE. PLACE OF II	NJURY (AT HOME, FARM, STREE OFFICE BUILDING, ETC.	2	II. LOCATION SHEET C	or K.P.D. NO.	City of Town		γ	31016
	det the	ot	work of work					1				
TENDING	tat tat	2	2a. I certify that (I)	(this hospita	H) attended the deco	eased fran	1 may	, 19_626	, to 3-2	2-1960) (we) l ast
9-	d Af		saw the deceose	d alive on_	3-72	19.69	, ond that in (my)	(our) opinion	death occurred an	the date (and haur ar	nd fram the
	= 6 % = =		causes stated ob	ove, (I) (we)) (अंग्री) (did not) view t	the body o	tter deoth.					
A S	Directors Apply of the stand of	2	2b. SIGNATURE	. /	1 13		ATTEMPINE	4450 -	CTAFF	22c. DATE		
80	d w		V/10.	1-1	Lexy UN	0.	DEGREE PHYS.	DIRECT	OR STAFF	3-	23-6	P
	- E-	2	2d. PHYSICIANS		Clause	47	22e. ADDRE	55 500	PERSHING	Dr	RIVE	1
1	Pe & B		NAME (Type)	SON	GEGER, 1	114.			PRING. PES)	1000	
O HOSPITAL	rage 4 may be retained by the nospital articometer, page 3 shauld be detached far us should be filed with the State Dept. of Healt		#			0.00				•		10
25	Fu Fu hou	23o. B	Liliana 2) IAMONA	23b. DATE			Y OR CREMATORY		LOCATION (City or Tow	n) ((ounty)	(Stote)
20	200.0			Jar. 24, 1	969 Kin	a Dav	id Memoria	1 Garden	r Falls			
	VR A15 (4)	24. FU	INERAL DIRECTOR Dona	ild M. S	Stein ADDR	RESS 232	Canno 77 2	So. REC'D BY REC	SISTRAR 2Sb. REGI			
	30M REV. 1/68		rew Memoria				Wash. D.	MAR 2	6 1969 8	usul	as Just	sk.
		B AAUL	TOW THOMES OU	o I will	UU IIVIIE DU	6V . IV	WWOIL . L.	V.a.				



	1		MARYLA	NO STATE DEPARTMENT OF	HEALTH	
		04224	DIVISION OF VITAL RECORDS	, 301 W. PRESTON STREET, BAL	TIMORE, MARYLAND 21201	4216
16 (10)	1 0			CERTIFICATE OF DEATH		
f 585		ECEASED-NAME First Type or print)	Middle	Lost	20. DATE OF DEATH Month Doy	Yeor 2b. HOUR
aurs after dec by the funer Pages I an		J4/1.		Rowe	MARCH 12	1969 177 N
frer e fu es f	3. S	EX	4. RACE	5. DATE OF BIRTH		IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
rs a		TEMALE	white	Dec 17, 1	918 50 YRS.	HOWINS DATS HOURS MIN
hau hau	70.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 haurs after death ed in by the funeral pers. Pages I and 72 haurs after death	1	SCOTLAND	U5A	WIDOWED DIVORCED	Montgomery	Md
重量。	10.	CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN		UAL OCCUPATION Kind of work done	12b. KIND OF BUSINESS OR
within powithin by within	1	SEYALS CA	Jub.	URBAN. Tea	mast of working life, even if retired.)	NORSING
b ble con the contract of the	13o.	USUAL RESIDENCE (Where deceose ission) STATE	ed lived, if institution: Residence before 135. COUNTY	13c. CITY OR TOWN 13d. INSIDE CITY	LIMITS? 13e. STREET AND NUMBER	Apt.
cam ave		ρ C,	130. COOM 1	EUAShington YES X	10 481736 5t. 1	U, W 201
ertificate be executed within 24 haurs after d physician and campletely filled in by the function please remave carbon papers. Pages 1 of naval, and in any event, within 72 haurs after d	14.	FATHER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME		Lost
b be an a see of indirection		altrea		ie Jo	DAN L	alrymole
cate sicic plea l, an		. WAS DECEASED EVER IN U.S. ARMI (es, no, or unknown) (If yes give wo	er or dates of consent	7 77	Address	Potomu
phy en ava		No	unknow		1100 Hunt Cla	
n ce Th		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED	y one couse per line far (a), (b), and (c).)		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
eatl endi nit. ar r		PART I. DEATH WAS CAUSED	TE CAUSE (0) RENAL	FAILURE - UREM.	IA	4-6mo.
aff per jan,	1	1341	DUE TO, OR AS A CONSEQUENCE OF			
the the roat	0	Conditions, if ony, which gove)	(b) JYSTEMI	e LUPUS ERVIH	EMATOSUS	10 yrs.
tho an. by tran		stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
equires that the death ce physician. signed by the attending burial-transit permit. The burial, cremation, ar rem		last.	(c)			
equ ph sign bur bur		PART 2. OTHER SIGNIFICANT CONT	DITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(0)	
w ring een the	NO		ONELMONIA AND		ART FAILURE	
e la fenc is b as pria	CATI		ONDITION FOR WHICH OPERATION WAS P		20b. IF YES, WERE FINDINGS CO	NSIDERED IN CERTIFYING
T T S T T	CERTIFICATION	NONE	NA	YES NO		JUST BUILDING
AN: al a cate ar Hea		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH			er noture of injury in Port I or Port 2, Its	em 18.)
SICI spitch bed the	MEDICAL	(If either, notify medical examine	er) P.M.	9		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and cample let 3 should be detached far use as the burial-transit permit. Then please remave called with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event	2	21d. INJURY OCCURRED 21e. F	PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. N	o. City or Town	County State
det te D	2	of work of work	NA	NA		
by Affer be Stat		220. I certify that (I) (this	haspital) attended the decease ve an Feb	ed from <u>Feb 7</u> , 19	69, to Feb 12, 196	
ATTENE etained CTOR: A shauld ith the		couses stated abave.	(I) (we) (did) (did nat) view the	19 <u>67</u> , and that in (my) (aur) or body after death.	olnian death occurred on the dot	e and hour ond from the
F S S S S S S S S S S S S S S S S S S S		22b. SIGNATURE			22c. D.	ATE SIGNED
OR De r	-	Havord	Serve h	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS. 7-	-12-69
AL Dodge File		22d. PHYSICIAN'S	1 - 1 -	22e. ADDRESS		, ~ ~ /
SPIT MA W Gr, I		NAME (Type) How	ARD LEVINE	8218 W1.	SCONSIN AIR BE	THE DA, mg.
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached far use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, creasing the state Dept. af Health priar ta burial, creasing the state Dept. at Health priar ta burial, creasing the state D	23o.	BURIAL CREMATION, 23b. D.	ATE 14-69 23c NAME OF Ceda	CEMETERY OR TREMATORY PHILIP emetery	23d. LOCATION (CITY T TOWN)	Transaction (State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5				the contract of the contract of	Sultiand	II. GOO PAG
VR AIS AO	24. E	Obert A Pump	hrey 7557 WYSC		BY REGISTRAR 2Sb. REGISTRAR'S S	
45M - 1/84			Bethesda.	MC DATMAK	1 4 1969 Williams	Par Vandus

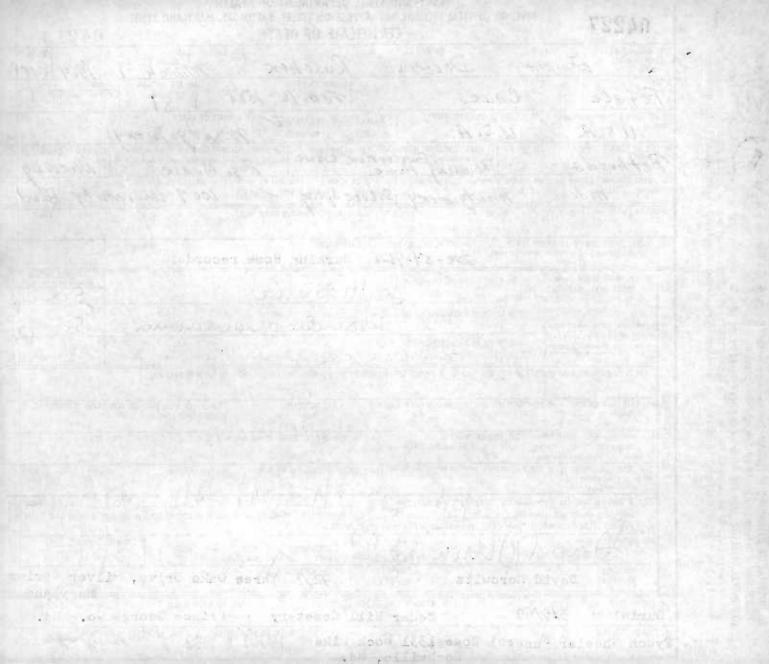


16		04225		, 301 W. PRESTON STREE	ET, BALTIMORE, MARYLAND 21201	010.
12		17 1 1 1 1 1		CERTIFICATE OF D	EATH	04217
= -2=		ECEASED-NAME First	Middle	Last	2a. DATE OF DEATH	2b. HOUR
death. neral and 2 death.	((ype ar print) Fred	erick Joseph	Roy	Manth (Day Year
ie i fer	3. SI	X	4. RACE	S. DATE OF BIRTH		IF UNDER I YEAR IF UNDER 24 FIRS.
to the state of th		1/-2	1.71-2.1-	2/24/95	lost birthday) 74 YR	S. MONTHS DAYS HOURS MIN
hours hour		BIRTHPLACE (State ar foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIE	9. COUNTY OF DEATH	
n 24 ho illed in papers.	cau	Mells River Ve	mon +USA	WIDOWED DIVORCE		ty Md.
filled ir papers	10.	CITY OR TOWN OF DEATH	111. NAME OF HOSPITAL OR IN	NSTITUTION (If nat in haspital	12a. USUAL OCCUPATION (Kind of work dan	e 12b. KIND OF BUSINESS OR
	S	ilver Spring	give street address cros	s Hospital	during mast af warking life, even if retired. Accountant) INDUSTRY Government
ecuted with campletely gave carbar y event, wi			d lived, if institution: Residence before	13c. CITY OR TOWN 13d.	I. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	- I Government
to eve	adm	issian) STATE Mandand	Montgomery	Sil. S rg. Y	ES № 13401 Clifto	n Dr. SSMd.
d co	14.	FATHER'S NAME First	Middle Last	IS. MÖTHER'S MAID	EN NAME First Middle	Last
be ex	6	Ovide	Roy		? Many	Picard
icate be executed with sicilar and campletely please remave carban I, and in any event, with	16a	WAS DECEASED EVER IN U.S. ARME	ED FORCES? 16b. SOCIAL SECURITY		Mary	
physician physician nen please	37	'es, na, ar unknawn) (II yes give war	or dates of service) 218 38 96	559 wife Marg	aret 13401 Clifton D	
		1B. CAUSE OF DEATH (Enter only	y ane cause per line far (a), (b), and (c).)	1	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ne death sel		PART I. DEATH WAS CAUSED	BY: TE CAUSE (a) Machine	and Ih	Saution	1 hour
attendi permit.	100	4109	DUE TO, OR AS A CONSEQUENCE OF		1	
the site	16	Canditians, if any, which gave	(b) Gale	- selaron		
hat hat ans		rise ta immediate cause (a), stating the underlying cause	DUE TO, OR AS A CONSEQUENCE OF			
es t sicio ed b ed b al-tr	100	last.	(c)			
equires that the physician. signed by the burial-transit burial, cremat		PART 2. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH BUT I	NOT RELATED TO THE TERMINAL D	DISEASE OR CONDITION GIVEN IN PART 1(a)	
ng le	z					
lo di di di	ATIO	19a. DATE OF OPERATION 19b. C	ONDITION FOR WHICH OPERATION WAS P	ERFORMED 20a. AUTOPSY		S CONSIDERED IN CERTIFYING
the start of the s	CERTIFICATION			YES [NO CAUSES OF DEATH?	
S eat e		21a. ACCIDENT WAS UNDERLYING			RRED (Enter nature of injury in Part 1 or Part	2, Item 18.)
A SE SE SE SE	MEDICAL	OR CONTRIBUTING CAUSE OF DEATH		19		
OR ATTENDING PHYSICIAN: The law requires that the death be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by the attending as 3 shauld be detached for use as the burial-transit permit. Led with the State Dept. of Health prior to burial, crematian, or re	ME	21d INITIRY OCCURRED 21e F	PLACE OF INJURY (AT HOME, FARM, STREET, F.	ACTORY.) 21f. LOCATION Street of	ar R.F.D. Na. City ar Tawn	Caunty State
the De de this se		While Nat while at wark				
Affer Affer by the State		22a. I certify that (I) (this	s hospital) attended the deceas	sed fram	(our) apinian death accurred on the	1969, that (1) (we) last
END Fed Pld he s		saw the deceased ali	(I) (we) (did) (di d no t) view the	hadvafter death	(our) apinian death accurred on the	date and haur and tram the
That I tain I ta		22b. SIGNATURE)	(1) (We) (ula) (ula not) Wew me	. 0	2	2c. DATE SIGNED
d w		With	Je Goldenes	DEGREE PHYS.	MED. STAFF DIRECTOR PHYS.	3/11/69
AL AL Cogge		22d. PHYSICIAN'S	ory of	22e. ADDRES	22	1111
TO HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the haspital ar attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 shauld be detached far use as the shauld be filed with the State Dept. of Health prior to law and the shauld be filed with the State Dept.		NAME (Type) Willi	am D. Aud, M.D.	900	06 Colesville Rd., Si	Iver Spri'ng, Md
HOS Great Gode	23a	BURIAL, CREMATION, 23b. D.	ATE 23c. NAME OF	F CEMETERY OR CREMATORY	23d. LOCATION (City ar Tawn)	(Caunty) (State)
5 5 5 g &		REMOVAL (Specify)	3-15-69 Gate	of Heaven	Silver Sprin	a. Md.
VR A15	24.	FUNERAL DIRECTOR	500 Unnyu ADDRES	S/_ / Slood W 25	Sa. REC'D BY REGISTRAR 2Sb. REGISTRA	R'S SIGNATURE
30M REV. 1/68	-	Marcio Hallis	Silver Aprine	1 mel 0	DATE MAR 1 7 1949 072	inclas Vuge

DASSING CONTRACTOR OF THE PROPERTY OF THE PROP 그는 그 가는 것을 하고 있는데 맛이 살아가게 되었다면 보다 하다 다 살

			(1777-41
Beech A. Lead	delobes .L -	F. 1 119	9
Social Social Social	ajid		51,
rt saoginali.			sylve me
46000 V	anian mina	n i	165 4.580
. by Titl signs sith a second sitte	ones some		
mant Tings	director		nio k
Fig. 12 :		O	. 5%
		47	
	从 现代的		
	.,	the state of	
Joseph Provide Language Contraction and Contra		dunya elesa	
. N. , gradined	ament frogs	-10	

			DIVISION OF VIT		STATE DEPARTMENT OF			
		04227	DIVISION OF VII		RTIFICATE OF DEATH	V. PRESTON STREET, BALTIMORE, MARYLAND 21201 IFICATE OF DEATH		
Ī		CEASED-NAME First (PPE or print) Emm.	4 I	Middle	Ruscher	2a. DATE OF DEATH Month Doy	04219 2b. HOUR 1949 2:15 PM	
	-	remale	CAUC.		S. DATE OF BIRTH	6 AGE (In years	IF UNDER I YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN	
-	coun	(ry) U.S. A.	b. CITIZEN OF WHAT C	?	MARRIED NEVER MARRIED VIDOWED DIVORCED	9. COUNTY OF DEATH MONTGO MERY	/ Md.	
3	Z	ry or town of death Bethes da	give street	address) GRESU	ener LANE during m	AL OCCUPATION (Kind of wark dane less of warking life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY	
5	dmis	JSUAL RESIDENCE (Where deceased sian) STATE md.	lived, if institution: I 13b. COUNTY Montg	Residente befare 13	c. CITY OR TOWN 13d. INSIDE CITY I	IMITS? 13e. STREET AND NUMBER		
		ATHER'S NAME First	Middle 0	Läst	IS. MOTHER MAIDEN NAME	First Middle	Lost	
		WAS DECEASED EVER IN U.S. ARME is, no, or unknown) (If yes give wor	and determined to the state of	SOCIAL SECURITY NO.	17. INFORMANT Nursing Hom	Address e records		
		18. CAUSE OF DEATH (Enter only PART I. DEATH WAS CAUSED IMMEDIATI 43.79 Conditions, if any, which gave is to immediate couse (a),	BY: CAUSE (a) DUE TO, OR AS A (b)	CONSEQUENCE OF	epticamia evoudopi	remenia	APPROXIMATE INTERVAL BETWEEN ONST AND DEATH Soling.	
		stating the underlying cause last.	(c)	solono	related to the terminal disease or	CONDITION GIVEN IN PART 1(a)	Chanic	
	RTIFICA		INDITION FOR WHICH O		YES NO			
	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, natify medical examine 21d. INJURY OCCURRED 21e. P.		onth Day Year		r noture of injury in Part 1 or Port 2, 1		
	C	at wark at wark 22a. I certify that (I) (this saw the deceosed aliceduses stated above,	hospital) attende	d the deceased	ly after death.	City or Tawn	County State , that (I) (we) last te ond hour ond from the	
	1	22b. SIGNATURE CONC 22d. PHYSICIAN'S NAME (Type) David	Morowitz	grang.	DEGREE PHYS.	AED. STAFF 22tt	Silver Spring Maryland	
	B	BURIAL, CREMATION, 23b. DA REMOVAL (Specify) 3/5/		Cedar	ETERY OR CREMATORY Hill Cemetery	23d. LOCATION (City or Town) Prince George	(Caunty) (State)	
2	ry	uneral director son Wheeler Fu	neral Ho	me 1331 F	Ock Pike DATE MAR	PEGISTRAR 3 25b. AGGISTRAR 3	SENATURE	



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04220 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME Middle First 2a. DATE KNOWN (Type or Print) Ethel Satterfield ESTI-Page 0 af DEATH MATED delay and 3 3. SEX 4. RACE DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD HOUR pup PM3. white April 6, 1878 temale 394 Yeor 1969 Depart 7a. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH farm cauntohio Montgomery WIDOWED DIVORCED [Item 18. Give Pages land 2 with the State 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done Office alang with 12b. KIND OF BUSINESS OR during mast of warking life, even if retired.) **INDUSTRY** give Keenstraton Gardens Nursi Kensington own home haurs after 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY 13e. STREET AND NUMBER odmissian) MAIEruland 13b. COUNMontgomery Kensington YES NO 5206 White Flint Drive ofter 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME Tunlin unknown be executed within 24 haurs pencil in Examiner's berges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS N. Palm Beach (Yes, na, ar unknown) (If yes give war or dates of service) William Satterfield 131 Doolan Court APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c). BETWEEN ONSET AND GEATH word "pending" the Chief Medical permit. PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gave rise ta immediate cause (a), any certificate shauld writing the word DUE TO, OR AS A CONSEQUENCE OF stoting the underlying cause .= shauld be farwarded ta and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 SD remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? This the certificate. pe YES F 21o. EXTERNAL CAUSE WAS 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 70 21b. TIME OF INJURY Month, Dov. Year 3 should PRIMARY OR CONTRIBUTING HOUR A.M crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At hame, form, street, 21f. LOCATION Street or R.F.D. No. City or Town County Stote factory, affice building, etc.) may be retained for yaur FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK please execute burial, 22a. I certify that I taak charge of the remains described above, held an Autapsy Inquiry and in my apinion Inspection director. Natural causes death resulted from: Accident Suicide Hamicide Undetermined manner prior to CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE **EXAMINER'S** Health NAME (Type) 0 23c. NAME OF CEMETERY OR CREMATORY 230. BURIAL, CREMATION. 23b. DATE 23d. LOCATION (City or Town) (County) (Stote) It. Lincoln Crematory Bladensbu March 1969 24. FUNERAL DIRECTOR 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR A 15ME (5) wholizey. Charles

MARYLAND STATE DEPARTMENT OF HEALTH

				on de S	0428
2/2m/84 2/2			·	13	
			4.0	5	
	0-00000		R 01.5.4.		200
production of	3.000	2 2 2.	ukus ti	Eq.(4)	9,7
symmetry and	ant Noot I re-	XX The Such of	in seat of the	be also	
ena nes dasi			244 V24		
		and the second			
		at the same			
		may a contra		ara Pi	
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Company of			

				62234
	1 1000	and bring.	c. is	CAME:
		The same of the same		
	100000001			The state of the state of
		Hall the Control	ot sefizion	5 - 5 -
athe name and				
964		CS" .**		
ాలి		09 Single Tea Single Single		
1	970.747			
		s and the		
		Self Albert Many St.		
erralie ir Lady	·6	·	u n	
September 7	TATE OF SAUSTIN	G		
James of				
James of	c			

MARYLAND STATE PLETARIMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04230 04222 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Month Doy Yeor 2b. HOUR (Type or Print) OF ESTI-Page beorge WILLIAM af delay State Department 3. SEX 4. RACE 6. AGE (In years 2c. DATE PRONOUNCED DEAD S. DATE OF BIRTH 2d. HOUR pup PM3. Yeor M. W. RA YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH ie certiticate, writing the ward "pending" in pencil in Item 18. Give Pages 1, shauld be farworded to the Chief Medical Examiner's Office olong With form Maryland Montdomei WIDOWED T DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 2b. KIND OF BUSINESS OR during most of working life, even if retired.) Jand 2 with the 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER 13b. COUNTY odmission) STATE Bethesda St Elmo AVE YES NO within 24 hours after 14. FATHER'S NAME Middle 15 MOTHER'S MAIDEN NAME First Willaim Schaeffer Mary J. Stone pages hours 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT wife **ADDRESS** (Yes. no, or unknown) (If yes give war or dates of service) 212-12-1547A Same as Maude Schaeffer Item 13. File within This certificate shauld be executed 1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Preumonia-IMMEDIATE CAUSE (o) any event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove Fracture of Hy rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse rtario Seperosis. Generalized E and PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 0 Sundrome remaval, CERTIFICATION used 19b. CONDITION FOR WHICH OPERATION 190. DATE OF OPERATION 20. AUTOPSY? WAS PERFORMED? the certificate, YES [pe 10 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1B.) 3 should PRIMARY OR CONTRIBUTING crematian, EXAMINER: tell in nursing. CAUSE OF DEATH 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, City or Town County Stote foctory, office building, etc. FUNERAL DIRECTOR: Page WHILE AT WORK AT WORK Grovsmen Lane. Bethesda. Noising Hom Grovsnerburial 22a. I certify that I taak charge of the remains described above, held an Autopsy ... Inspection X Inquiry SA and in my apinian death resulted fram: Natural causes . Accident X Suicide . Hamicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE. DEPUTY MEDICAL EXAMINER Health **EXAMINER'S** may JOHN G. BALL NAME (Type) ADDRESS(Street, city, town, or county) Bethesda. Md. 0 23o. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) Mt. Zion Cemetery REMOVAL (Specify) 3-5-69 Bethesda, Maryland Burial 24 FUNERAL DIRECTOR PUMPHREY, Bethesda, Maryland REGISTRAR'S SIGNATURE REC'D BY REGISTRAR 2Sb. Lienelly VR A15ME (5)

04.930 whereath negan Control State of Telephone THE STREET OF STREET AND STREET SERVICES SERVICES OF STREET · Treatment was a second of the second initialization and the contract of the contrac

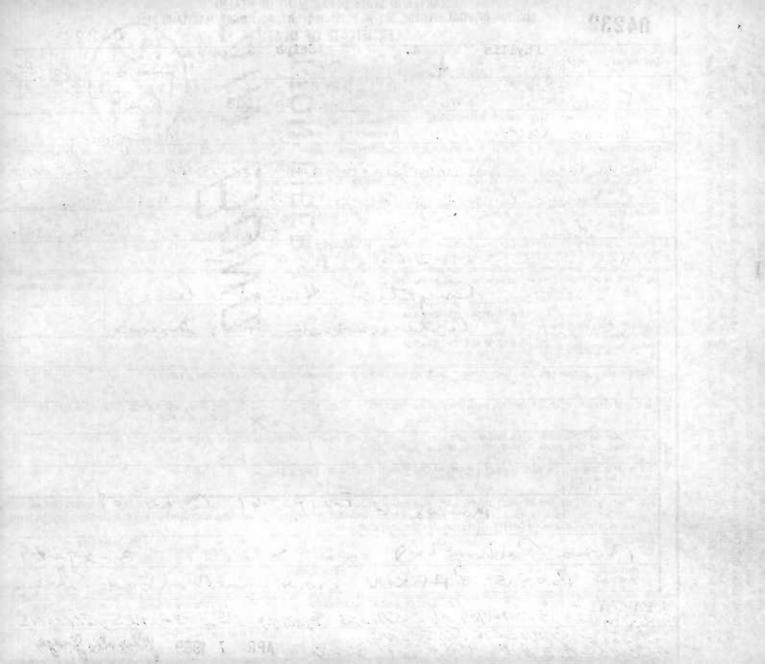
DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 FOR' STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME 20. DATE KNOWN CO (Type or Print) DEATH MATED 3. SEX 4 RACE 2c. DATE PRONOUNCED DEAD 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9. COUNTY OF DEATH blease execute the certificate, writing the word "pending" in pencil in Item 78. Bive Pages 1, directar. Page 4 shauld be farwarded to the Chief Medical Examiner's Office and with farm WIDOWED [DIVORCED [Sive Pages pages 1 and 2 with the State 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 120. USUAL OCCUPATION Kind of work done 12b. KIND OF BUSINESS OR 130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c., CITY OR TOWN 13b. COUNTY YES NO 14. FATHER'S NAME IS. MOTHER'S MAIDEN NAME be executed within (Yes, no, or unknown) Fie within 72 APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) COronary Insufficency Acute SUNdar event DUE TO, OR AS A CONSEQUENCE OF burial-transit Conditions, if ony, which gove rise to immediate couse (a), in any certificate shauld DUE TO, OR AS A CONSEQUENCE OF stoting the underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(o) remaval, CERTIFICATION 190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? NO V 21o. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.) 3 shauld PRIMARY OR CONTRIBUTING HOUR A.M. crematian, CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. Na. City or Town Stote County foctory, office building, etc.) WHILE NOT WHILE T 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry A ond in my opinion Notural couses X Accident . Suicide . Homicide Undetermined monner deoth resulted from: CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED funeral ASSISTANT MEDICAL EXAMINER SIGNATURE much DEPUTY MEDICAL EXAMINER EXAMINER'S may ro FUNE Health John G. Ball ADDRESS(Street, city, town, or county) Bethesda. NAME (Type) the 230. BURIAL, CREMATIONS 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) THIMOVAL Specify 3-13-69 Parklawn Rockville Md. 24. FUNERAL DIRECTOR Robert A. Pumphrey DDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE VR ATSME (4) 7557-Wisconsin Ave., Bethesda, Md. 10M REV. 1/6

MARYLAND STATE DEPARTMENT OF HEALTH

mare onement and recording to regulation out announcement and the party of the part A SES RED DIOLATE A VINE DESCRIPTION OF THE PROPERTY OF THE PARTY OF THE PA Depres de la constante de la c o (b

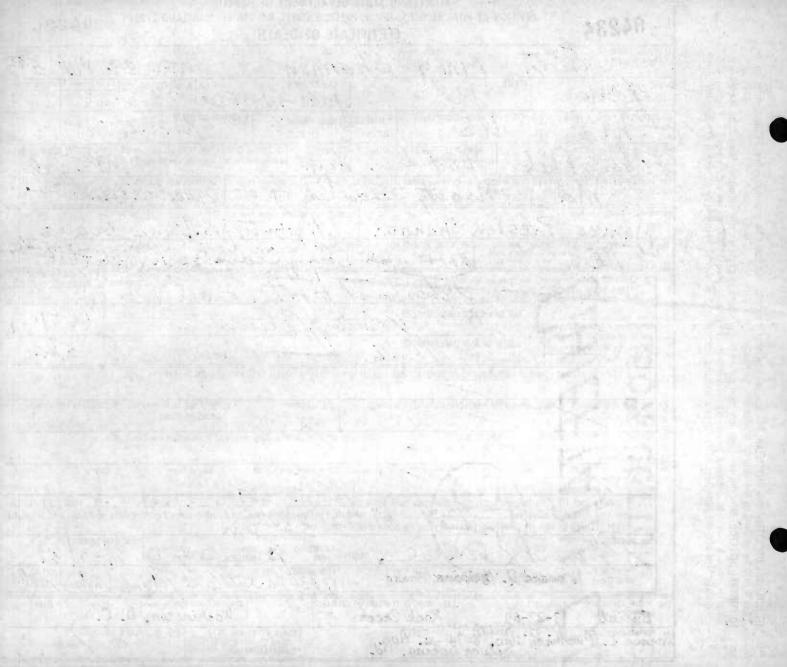
11/517 5/64 FEBRUARY STREET

					TATE DEPARTMENT OF		
120 .		04232	DIVISION OF		W. PRESTON STREET, BAL	TIMORE, MARYLAND 2120	
					TIFICATE OF DEATH		04224
al all oth.		Type or print)	irst Phyllis	Middle A •	Clost Seips	2o. DATE OF DEATH	2b. HOUR
de ge		IN	41115	Ho 1	Plips	March	29 1969 224 M
	3. S	EX	0 4. RACE	N.	5. DATE OF BIRTH	6. AGE (In years	F UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN
Page		temale		White		893 75	YRS.
hou hou hou	/o.	BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WH		ARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 in per 172	_	LILINOIS	45 of Ame		DOWED DIVORCED	Mont	gomery Md.
gettificate be executed within 24 hours duer death physicion and completely filled in by the funeral hen please remove carbon papers. Pages 1 and 2 movol, and in any event, within 72 hours after death.	10.	CITY OR TOWN OF DEATH	11. NA	ME OF HOSPITAL OR INSTITUTI	ON (If not in hospital 120. USL	JAL OCCUPATION (Kind of work do	on 12b. KIND OF BUSINESS OR INDUSTRY
wit rbourth wit	120	Takona Par	K Wa	shington San	1+Hospital S	nost of working life, even if retire	U.S. GOVT.
nple e co	odm	USUAL RESIDENCE (Where decission) STATE Marylo	126OCOUNTY	on: Residence before 13c.	CITY OR TOWN 13d. INSIDE CITY YES Y)
you nov	14	FATHER'S NAME First	Middle	e george gr	acri Dell		akkway
ond ond	17.	\mathcal{L}		do . o .	15. MOTHER'S MAIDEN NAME		
ion ion	160	. WAS DECEASED EVER IN U.S.		16b. SOCIAL SECURITY NO.	17. INFORMANT	2anora Addres	De Cesare
ol, o	100	res, no, or unknown) (If yes g	ive war or dates of service)	578-28-855		Addres	22
lo le			only one save see li-	3 /	113 CVICE	* 1	APPROXIMATE INTERVAL
		18. CAUSE OF DEATH (Enter PART I. DEATH WAS CAI	JSED BY:	e 105(0), (0), ond (c).)	· · ·	Tolling	BETWEEN ONSET AND GEATH
attendi permit.		4123 1	EDIATE CAUSE (o)	S A CONSEQUENCE OF	we reno	, i areasca	
the of the sit po		Conditions, if ony, which go	ve)	S A CONSEQUENCE OF	alite 1	tent Dres	
hot n. n. yy th		rise to immediate couse (c stating the underlying cou		S A CONSEQUENCE OF	a decidione !		
equires that the death certificate be exemply signed by the attending physician and a burial-transit permit. Then please remo burial, cremotion, or removal, and in any		last.	(c)				
quir phy: sign buri		PART 2. OTHER SIGNIFICANT		ING TO DEATH BUT NOT REL	ATED TO THE TERMINAL DISEASE OR	CONDITION GIVEN IN PART 1(o)	
ing ing ing he to	z						
lay s be as t as t	CERTIFICATION	19o. DATE OF OPERATION 1	b. CONDITION FOR WHI	CH OPERATION WAS PERFORM		CALICIC OF DEATING	IGS CONSIDERED IN CERTIFYING
at a set 7	RTF				YES NO		
AN: al ol cate or u		21 o. ACCIDENT WAS UNDERL		INJURY Month Doy Yeor	21c. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Por	† 2, Item 18.)
SICI spit ertiff ed to	MEDICAL	(If either, notify medical exc	miner) P.M.	19			
PHY ho ho hoch toch	~	21d. INJURY OCCURRED 2 While Not while	1e. PLACE OF INJURY (OFFICE BUILDING, ETC.	21f. LOCATION Street or R.F.D. No.	o. City or Town	County Stote
the de ote De C		of work of work	(11.1. to 11.1)		50/2 10/2 10/	9 1 100	10/2 5
IDIN Affe Affe Sto		saw the deceased	alive an	nded the deceased from	and that in (my) (aur) an	inian death accurred an th	1967, that (I) (we) last e date and haur and fram the
OR:		causes stated abo	ive, (I) (we) (did) (did nat) view the bady	after death.	inian deam accorred an in	e date and hadrand from the
With Shapes		22b. SIGNATURE	D 01.	01.5	ATTENDING	MED STAFE	22c. DATE SIGNED
be be	1	1 would	Noon	5000		MED. DIRECTOR PHYS.	3-29-07
ITAI moy RAL Po pe fi		22d. PHYSICIAN'S NAME (Type)	o Ris	RABKII	22e. ADDRESS	1-12-15	and Clark
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death Page 4 may be retained by the hospital or ottending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending director, page 3 should be detached for use as the burial-transit permit. should be filed with the State Dept. of Health prior to burial, cremation, or re	224		b. DATE	23c. NAME OF CEMETI		1224 LOCATION (C)	(6.1)
Pog.	239	REMOVAL (Specify)	3-29-191		INTS CEMETERS	23d. LOCATION (City or fown)	(County) (Stote)
	24.	FUNERAL DIRECTOR //	AULIER S	CALIDDREST NO		BY REGISTRAR 25b. REGISTR	7
VR A15 (4) 45M - 1/69	1	5130WSC.AL	ENW.	WASH DO	20016 DATE AP		liantes judge



					DEPARTMENT OF				
		01922	DIVISION OF VITAL RECORD			IMORE, MARYLAND	21201	042	25
		04233		CERTIFI	CATE OF DEATH			9	
ath.		ECEASED-NAME Fir			Last	2a. DATE OF DEATH Month	Day	V	25 HOUSO
er death. funeral		M	argaret	Se	elby	March	29'	1969	FM
dours after on the fun to the fun	3. SI		4. RACE		S. DATE OF BIRTH	6. AGE (In	years		UNDER 24 HRS.
The gages		Female	White		April 14,	1878 90	YRS.	ONIAS DATS	OUK3 MIN
Pig Sig	7o.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT COUNTRY?		NEVER MARRIED	9. COUNTY OF DEATH			
24 in per per 172	1	ⁿ rginia	U.S.A.	WIDOWED		Montgomer	cy		Md.
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death be retained by the haspital ar attending physician. SIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral e 3 shauld be detached far use as the burial-fransit permit. Then please remark-carbon papers. Bages I and 2 ed with the State Dept. at Health prior ta burial, crematian, or remaval, and in an event, within 72 have after death		ITY OR TOWN OF DEATH Germantown	11. NAME OF HOSPITAL OR give street address) BOX 263		nat in hospital 12a. USU/ during m HOU	AL OCCUPATION (Kind of worst of working life, even in 18ewile	ark done	12b. KIND OF BUINDUSTRY	SINESS OR
e e e	13a.	USUAL RESIDENCE (Where dece	eosed lived, if institution: Residence befo	re 13c. CITY C	IR TOWN 13d, INSIDE CITY LI	MITS? 13e. STREET AND N	UMBER	HOME	
to (m/s 3/5	duill	Maryland	13h COUNTY Montgomery	Germ	antown YES NO	Box 26	3		
and condition and in an	14.	ATHER'S NAME First	Middle Last		IS. MOTHER'S MAIDEN NAME F	irst	Middle		Last
n all		Robert	Mahori	ney	Mary			Huds	non
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be ex Page 4 may be retained by the haspital ar attending physician. D FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and directar, page 3 shauld be detached far use as the burial-transit permit. Then please ren shauld be filed with the State Dept. at Health prior ta burial, crematian, or remaval, and in an	160	was Deceased EVER IN U.S. A es, no, ar unknawn) (If yes giv	ve war or dates of service)		INFORMANT		Address		
phy en ava			none		rs. Mary Ben	son 7100	Derwo	aster Ma	1777
th ce		18. CAUSE OF DEATH (Enter	anly ane cause per line far (a), (b), and ISED BY:	(c).)	4 7	- /.		BETWEEN ONSET	AND DEATH
dear tenc mit		ILA TA IMMEI	DIATE CAUSE (a)COUGE	5/100	Mear (F.	aclure.			
he at per		Canditians, if any, which gave	DUE TO, OR AS A CONSEQUENCE	4.	2			THE RES	
at th r the nsit p		rise to immediate cause (o)), ((b)		al rueu	monid			
equires the physician. signed by burial-tranburial, cre		stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE	OF					
uire hysi gne uria uria			CONDITIONS CONTRIBUTING TO DEATH BUT	NOT PELATED	TO THE TERMINIAL DISEASE OR O	ONDITION CIVEN IN PART 1	(0)	1	
req ng p nn si e bi		THE STATE OF THE S	CONTROL CONTROL TO DEATH DOT	HOT KELATED	TO THE TERMINAL DISEASE OR	ONDITION OWEN IN PART I	(0)		
law ndir bee s th ior t	TION	19a. DATE OF OPERATION 19	7b. CONDITION FOR WHICH OPERATION WAS	PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE	FINDINGS CON	SIDERED IN CERT	TEYING
afte afte has has	CERTIFICATION				YES NO	CAUSES OF DEATING			
ar are eath		21a. ACCIDENT WAS UNDERLY		21c. 1	HOW INJURY OCCURRED (Enter		ar Part 2, Ite	m 18.)	
ICIA Sital Sital di fa	MEDICAL	OR CONTRIBUTING CAUSE OF DI (If either, notify medical exar	EATH HOUR A.M. Month Day Ye miner) P.M.	or 19					
PHYSICIAN: The law new he haspital ar attending this certificate has been letached far use as the subsent af Health prior ta	ME	21d. INJURY OCCURRED 21	The PLACE OF INJURY (AT HOME, FARM, STREET, OFFICE BUILDING, ETC.		LOCATION Street or R.F.D. No.	City or Town		County	State
the this dete	E.	While Not while at wark		400			ME V		
by frer Stat		22a. I certify that (I) (1	this hospital) ottended the decer alive on 3	ased fram_	1958,19	, to3 - 2	_ 2, 19_5	7, that (I) (we) lost
R: A uld the		causes stated oba	ve, (I) (we) (did) (did nat) view th	ー1962, 01 ie hadv after	nd that in (my) (our) opi death	nian deoth accurred o	n the date	and hour an	d from the
Stagist Stage of the stage of t	0	22b. SIGNATURE		o baay amo.	/		22c. DA	TE SIGNED	
OR De raine 3 de da vale da va			1 Cel	DEG	REE PHYS.	IED. STAFF PHYS.		-31-69	
AL DAY Page		22d. PHYSICIAN'S	111		22e. ADDRESS	-/.4 /		1 0	
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. af Health prior ta burial, cren		NAME (Type)	-1. Lent - M	-0-	Gai	Thers bui	(-1	4d	
HO Ige FUN Irect	23a.	-DEMOVIAL (C : 6.)		OF CEMETERY O	R CREMATORY	23d. LOCATION (City ar T	awn)	(County)	(State)
5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5			4-1-69 St.	Mary!	s Cemetery	Rockill	e Mar	yland	
VR AIS MU	24.	FUNERAL DIRECTOR	ADDRE		2Sa. REC D B		EGISTRAR'S ST	GNATURE	40
45M - 168		RUBERT A.	PUMPHREY ROCK	VILLE	MD DATE API	R 7 1969	A Comment	and and	

04233 Chertan C. Land St. Mary a Carle on Land Carle POURSE . England thought and the second of t



Film 411 MARYLAND STATE DEPARTMENT OF HEALTH

41.40 A2 E	87263	YAR		16547,
95 70 35 - 57		201/102	617	
	10 min 10			1
ojgov Indunitarion	Tes Lucio	वन्यान स्थान		Product 12
	• D(458)()	201019	1	e Tryans
elisacett. No July o cappell		stants		Conta
		,	And the state of t	
		- 1943 T		
		3		

MAKTLAND STATE DEPAKTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04228 04236 CERTIFICATE OF DEATH DECEASED-NAME First Lost 20. DATE OF DEATH 2b. HOURA (Type or print) John Henry SHULTZ March 1132 % 3. SEX S. DATE OF BIRTH 4. RACE 6. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS ottending physician and completely filled in by the permit. Then please remove corban papers. Page on, or remavol, and in ony event, within 72 hours at DAYS 3 Male Caucasian Dec. 6, 1901 24 hours 7o. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH West Indies U.S.A. WIDOWED DIVORCED [Montgomery 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done The low requires that the death certificate be executed within give street oddress) Naval Hospital 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY Bethesda N/A **TO FUNERAL DIRECTOR:** After this certificate has been signed by the ottending physician and complete director, page 3 shauld be detached for use as the burial-tronsit permit. Then please remove corb should be filed with the Stote Dept. af Health prior to burial, cremation, or remavol, and in ony event, it 13o. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER YES NO NO Box 1453. Christiansted St. St.Croix 14. FATHER'S NAME Middle Lost 1S. MOTHER'S MAIDEN NAME First Paul Shultz Theodore Emma Pfiautz 16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT College Carlisle 16b. SOCIAL SECURITY NO. Penn. Address Yes po or unknown) 230 46 2124 | Col. John M. Shultz, USA, Box 113, Army War 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE (AUSE (o) Stress ulcer-bleeding DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove) (b) Renal tubular necrosis rise to immediate couse (a), DUE TO. OR AS A CONSEQUENCE OF stoting the underlying couse Multiple pulmonary emboli
190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES X NO 🗍 OR ATTENDING PHYSICIAN: 21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Doy Yeor (If either, notify medical examiner) 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County While Not while at work 22a. I certify that (x) (this hospital) ottended the deceased from Jan. 31 , 19 69 , ta Mar. 9 , 19 69 , that (x) (we) last saw the deceased olive an Mar. 9 19 69 , ond that in (x) (our) opinion death occurred an the date and hour and from the be retoined causes stoted abave, (b) (we) (did) (didnet) view the bady after death. 22b-SIGNATURE 22c. DATE SIGNED all MED.
DIRECTOR Mar. 10, 1969 DEGREE Jack Ratliff, M. D. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) Naval Hospital, Bethesda, Maryland 23o. BURIAL, CREMATION, 3-14-69 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote) RIPOVAL(Spenify) Arlington. Arlington National Virginia 24. FUNERAL DIRECTOR Robert A. Pumphrey Dumeral Home 250. RECID BY REGISTRAR DATE MAR 1 4 19 25b. REGISTRAR'S SIGNATURE VR A15 (4) 45M - 1/69 7557 Wisconsin Ave., Bethesda, Md.

811			100			
			1,			
				entre fi		97.00
		A Non		. 1. 1. 1	5015	
bediene the control		2000.00		3 11 15 25 1		
PROMOTE AND A SECOND SE	DESCRIPTION AND THE RES			64 (Bub)(2)		
M. D. S. S. S. A. A.	E ARLINE IF	de e la	al Sea			
		Model me	-			
		21 7 4 4				
	al the same					
			Today.	allowing of		
AND THE RESERVE OF THE PERSON						
				Table of the		
Poly of and				Treplet de		N. I
Bur Louis July July 1973						
entral extra		group Markers		TAUL . A TIME	off Table	42

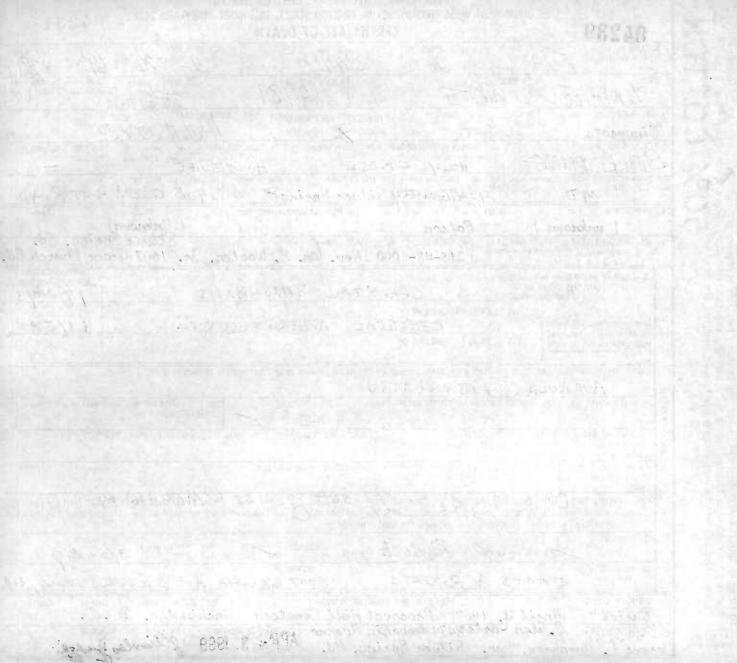
1	3-24-69ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	14229
FOR STATE	04237 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	1223
HEALTH DEPT.	T. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Do OF ESTI- 3 6	19 69 7: 25
8 2 3 3 S	3. SEX Male 4. RACE S. DATE OF BIRTH 6. AGE (in years if under 14 HRS. Months DAYS HOURS MIN. Month 3 Day 6	Year 1969 7:25
form Property of the Deposit	7a. BIRTHPLACE (State or foreign country) Indiand 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH Montgomery 9. COUNTY OF DEATH Montgomery	N
deoth with with	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b	KIND OF BUSINESS OR DUSTRY Religious
s ofter 18. Give along with the deoth.	130. USUAL RESIDENCE (Where deceosed Keed, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	ane
of Ten Series	14. FATHER'S NAME First Middle Lost 15. MDTHER'S MAIDEN NAME First Middle ? Sieving ?	Lost
d within 24 in penal in Exominer's Exominer's File pages in 72 hours	16o. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes Gro, or unknown) (If yes give wor or dates of service) 242 522 647 Bernice wife same as above	
should be executed within the word "pending" in pending to the Chief Medical Exomination to the Chief Medical Exomination of the pending of t	18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).) PART I. DEATH WAS CAUSED BY: MMEDIATE CAUSE (o) Acute coronary insufficiency	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
be execute "pending" nief Medica onsit permit event with	DUE TO, OR AS A CONSEQUENCE OF	
word " the Chi	Conditions, Mony, which gove rise to immediate cause (a), stating the underlying cause lost. Out To, OR AS A CONSEQUENCE OF lost.	
S a concount	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(0)	
is certificate, writing forword to used o removol,	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
This certificate, writh be forwor do be used or removol	10/25/68 Plastic Aortic Valve (Defective Aortic valve) 210. EXTERNAL CAUSE WAS 210. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item	AEZ NŐ
- E	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	18.)
5 ± 4 = 0 = /	Z1d. INJURY OCCURRED WHILE NOT WHILE NOT WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.)	County Stote
DEPUTY DICAL EXA stessory, please execute te funeral director. Page may be retained for you FUNERAL DIRECTOR: Page eoith prior to buriol, cre	22a. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inspection Inquiry death resulted from: Notural causes 27 Accident Suicide Homicide Undetermined manner	and in my apinia
olca blease ex director. DIRECTOR	CHIEF MEDICAL EXAMINER	
2 .0 . = []	ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIGNATURE DEPUTY MEDICAL EXAMINER 22b. DATE SIG	NED
ro DEPUTY necessory, the funerol 5 may be ro Funeral Heolth pri	NAME (Type) 3 ELDEN K KEAP 19, DADERSS Street gity, town or country) // COLOR	1,1969
0 = ± ~ 0 ±	230. BURIAL, (REMATION, REMOVAL (Specify) Par 10, 1969 Newton Cemetery 123d. LOCATION (City or Town) (Control of Control of Catawba	N C (State)
VR A15ME (5)	24. FUNERAL DIRECTOR F. Gasch's Sons Hyattsville, Md. 250. RECD BY REGISTRAR 25b. REGISTRAR'S SIGN	0
10M REV. 1/68	DATEMAR 1 0 1969 foliane	A American

THE WISH SEE THE THE STATE OF A WOLD SEE THE SEE AS Color dated Soliton to the Kneed West, which was propagated and the contract of the contract of . He tall be some the street line at a 532-x 1-1 (100)

1		3&22a Fi	N OF VITAL R	MARYLAND RECORDS, 301					ARYLAN	ID 2120	1		01.00	1.0
FOR STATE	0423	8	MEDI	CAL EXAM	AINER'S	ERTIFIC	ATE O	F DEA	TH				0423	10
HEALTH DEPT. ≅ º º o o o	DECEASED-NAM (Type or Print)		st arles	Mid Wil	dle liam		lost mith		20	OF ES	OWN N	Marc		2b. HOUR 69 2:1
≥ m o =	3. SEX	4. RACE	S. DATE OF B	IRTH	6. AGE (In years	IF UNDER		IF UNDER 24 H			NOUNCED DE	AD	.,	2d. HOUR
ny delay 2, and 3 PM3. Po	Male	Negro	10-22-	-24	last pirthday) YR	MONTHS S.	DAYS	HOURS	MIN 3	Month	18 Do	69	Yeor 19	2:10
	70. BIRTHPLACE (Country) MC	tate or fareign	7b. CITIZEN OF W			ARRIED MNE	VER MARRIE DIVORCE		. COUNT	Y OF DEATI	H Montgo	ome rw		Md
24 hours after deoth in Item 18. Give. Pages 1, r's Office olong with form ss 1 and 2 with the State De ris after death.	10. CITY OR TOWN	OF DEATH	11. I	NAME OF HOSPITA street oddress)				120. USU during m	ost of wo	PATION (Kir orking life,	even if retire	done 12t red.) IND	o. KIND OF BUS DUSTRY Health	
s after 18 Graph 22 death.	13a. USUAL RESII admissian) ST	ENCE (Where dece	osed lived, if insti	tution: Residence	before 13c. CIT	or town	13d. IN:	SIDE CITY LIMIT	157 13	e. STREET A	ND NUMBER		timore	
24 hours in Item 18 r's Office es 1 and 2	14. FATHER'S NAM		iam Smj		Lost	1S. MOTHE	R'S MAIDEN Mar	NAME 88 re		Mart	Middle in		Los	it .
d within 24 in pencil in Examiner's File poges n 72 hours	160. WAS DECEASE (Yes, 19, 2 19)	ever in U.S. ARMED	FORCES?	16b. SOCIAL SEC	CURITY NO.	17. INFORMAL Monts		y Gen	.Hos	spita:	ADDRESS 1 Rec	ords	01	ney, Mc
xecuted valing" in Medical Experimit. Fil	18. CAUSE PART	OF DEATH (Enter of L. DEATH WAS CAUS	nly one couse per ED BY: IATE CAUSE (o)	line for (o), (b),	ond (c).) emorrh	agic p	neum	onit:	is,	diff	use,		APPROXIMATI BETWEEN ONSE	E INTERVAL I AND DEATH
ould be executed vord "pending" in the Chief Medical E al-tronsit permit. Fony event within		if ony, which gove	DUE TO, O	R AS A CONSEQU	ENCE OF			bi.	late	ral			5150	
s certificate should be executed within 24 hours after deoth e, writing the word "pending" in pencil in Item 18. Give. Pages 1, forwarded to the Chief Medical Examiner's Office/olong with form used os a burial-tronsit permit. File pages I ond 2 with the State Demovol, and in ony event within 72 hours after death.		ediate cause (a), underlying couse	DUE TO, O	OR AS A CONSEQU	ENCE OF						Ve			
ficate sing the rded to os a b		ER SIGNIFICANT CON	DITIONS CONTRIBU	ITING TO DEATH E	BUT NOT RELATE	TO THE TERM	MINAL DISEA	ASE OR CON	IDITION G	GIVEN IN PA	ART 1(a)			
	190. DATE O	FOPERATION		19b. CONDITION WAS PERF	N FOR WHICH O	PERATION	-3	14					20. AUTOPS	1
		AL CAUSE WAS OR CONTRIBUTING EATH		PF INJURY Manth, I A.M. P.M.	Day, Year	21c. HOW INJ	JURY OCCUR	RRED (Enter	noture o	of injury in	Part 1 or Pa	ort 2, Item	18.)	
EXAMINER: cute the cert voge 4 shauld r your files. :Poge 3 should, crematian,	21d. INJURY WHILE AT WORK	OCCURRED 21e.	PLACE OF INJURY actory, affice build	(At home, form, ing, etc.)	street,	21f. LOCATION	Street or R	.F.D. No.		City or T	awn		County	State
please exe ol director. P retained fa IL DIRECTOR	22a. death ACTUAL SIGNATUR EXAMINER	I certify that resulted from:		the remains duses , A	//	Suicide	CHIEF N CHIEF N ASSISTA DEPUTY	amicide MEDICAL EXA INT MEDICA MEDICALDE	AMINER L EXAMINER	IER 🗆	mined ma	nner DATE SIG		ny apinian
TO DEPUTY necessary, the funers 5 may be TO FUNERA Heolth pr	23a. BURIAL, CRI REMOVAL (S	MATION, 238	D. DATE 5-22-69		AME OF CEMETER			urch	Arthur and British Art		ty or Jown)	Spri	ounty), M	Stote)
VR A15ME (6) 10 10 10 10 10 10 10 10 10 10 10 10 10	24. EUNERAL DIE	t. S.	nowder	Rock	ville,	Md.	25 DA	a. REC'D B		rar 1969	25b. REGIST	TRAR'S SIG		•

					28910
S. R. Bri				godan	
*					astron at at a
uni deluce II.		I die o	STORES FIRMS	A LACIE	and the second
· (es passion 7 mil	TO THE TOTAL CONTRACTOR		4 30		1-1-1-1
	ni, ton			esima met	
	moss fability.	min sampling			
		i berteti e			

MAKILAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04231 CERTIFICATE OF DEATH 1. DECEASED-NAME uneral 1 and 2 er death. (Type or print) 4. RACE IF UNDER I YEAR AGE (In years DAYS 7o. BIRTHPLACE (Stote or foreign 8. MARRIED NEVER MARRIED 9. COUNTY, OF DEATH WIDOWED DIVORCED Minnesota 10. CLTY OR TOWN OF DEATH ... 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12g. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street oddress) during mast of working life even if retired.) INDUSTRY 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER executed 13b. COUNTY ONTGOMERY Silver Barris 18 NO 1908 GLEN ROSS ROAD ar remaval, and in any 14. FATHER'S NAME IS MOTHER'S MAIDEN NAME First Unknown unknown Colson please certificate 17. INFORMANT 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. Yes, ng. gr unknown) Rev. Wm. R. Wooten. Jr. 1607 Grace Church Rd. 215-48-6090 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY CEREBRAL THROUBOSIS IMMEDIATE CAUSE (o) ___ DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave CEREBRAL ATHEROSCLEROSES rise to immediate couse (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) priar tal AURICULAR FIBRICATION 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES 🗀 210. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH Manth Day Yeor HOUR A.M. (If either, notify medical examiner) 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. 21d. INJURY OCCURRED City or Tawn County State While Not while of work 22a. I certify that (1) (this haspital) attended the deceased from SETT. 9, 19.55, ta MARCH 2619.69, that (1) (we) last saw the deceased alive an 3/26 1969, and that in (my) (aur) opinion death accurred an the date and haur and from the causes stated abave, (I) (we) (did) (did nat) view the bady after death. 22b. SIGNATURE 22c. DATE SIGNED Roberts DEGREE ATTENDING PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) JAMES A. ROBERTS directar, p 8907 GEORGIA AVE. SILVER SPRING, MI 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION 23d. LOCATION (City or Town) (Caunty) (State) April 2, 1969 Prospect Hill Cemetery Washington, C. Glen Carter 434 April 296 Registrate By Registrate 256 Registrate 270 Process Pring. Md. Jate 3 1969 John Pring. Md. Date 3 1969 REMOVAL-(Specify) VR A15 (4) arner E. Pumphrey, Inc. Silver Spring, Md. 30M REV. 1/68



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04232 04240 CERTIFICATE OF DEATH death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) a. COUNTY b. COUNTY MARYLAND ed within 24 haurs after b. CITY OR TOWN (If autside/corparate limits.) c. LENGTH OF STAY IN 1b (If ourside carporate limits, write RURAL and give nearest tawn) and campletely filled in by the remave carbon papers. Page remave carbon papers. write RORAL and give nearest town) hesda d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS ON A FARM 9606 Cable Dr NO NAME OF First Middle 4. DATE Manth Dov Year DECEASED 015 19 Type or print DEATH SEX 6. COLOR OR RACE 7. MARRIED DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS NEVER MARRIED law requires that the death certificate be execut birthday) Months Days Haurs and in any WIDOWED DIVORCED 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT USUAL OCCUPATION (Give kind of work done 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) INDUSTRY COUNTRY the attending physician ALLUDE 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME remaval, WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address (Yes, no, or unknown) d Same as #2 578 03 8693 INTERVAL BETWEEN CAUSE OF DEATH (Enter only one couse per line far (a), (b), and (c). burial-transit PART I. DEATH WAS CAUSED BY ONSELAND DEATH IMMEDIATE CAUSE (a) signed by be retained by the hospital or attending physician. DUE TO burial, Canditians, if ony, which gove (b) rise to immediate cause (a), DUE TO stoting the underlying couse TO FUNERAL DIRECTOR: After this certificate has been d far use as the af Health priar ta lost. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) CERTIFICATION NO 20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) OR CONTRIBUTING CAUSE OF DEATH should be detached (IF EITHER, NOTIFY MEDICAL EXAMINER 20e. PLACE OF INJURY (Hame, farm, (City or town) (County) (State) 20c. TIME OF INJURY Manth, Day, Year 2Dd. INJURY OCCURRED Haur a.m. foctory, street, office bldg., etc.) Not While at wark at work 21. I certify that (1) (this haspital) attended the deceased fram 1964, that (1) (we) last and that death accurred at 77 M. fram causes and an the date stated above saw the deceased alive an 22a. SIGNATURE 22b. DATE SIGNED **ATTENDING** DIRECTOR director, page 3 shauld be filed v M.D. PHYS. PHYS. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) directar, 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Silver Spring Mont 3-19-69 Gate of Heaven 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR University VR A15 (4) 20 M 1/66 Blvd. W. 1969 Francis J. Collins

	04240	
		7
10000000		
S. C. M. C. C.		

MARYLAND STATE DEPARTMENT OF HEALTH CERTIFICATE OF DEATH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04233

04241 1. DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type ar print) Josephine Smith Marie March 3. SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years last birthday) HOURS 7 August 1945 White Female 70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED THE NEVER MARRIED country) WIDOWED [DIVORCED [Montgomery Washington, D.C. U.S.A. 12a, USUAL OCCUPATION (Kind of work dane 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b. KIND OF BUSINESS OR Bethesda give street oddress)

The Clinical Center, NIH

13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d during most of working life, even if retired.)
Telephone Service Rep. unemployed 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER Wh. COUNTY Prince Georges YES 4818 Glenoak Road Hyattsville NO | 14 FATHER'S NAME 1S. MOTHER'S MAIDEN NAME First First Middle Inst Last Di Tizio Albert Marjorie Saarikoski 16b. SOCIAL SECURITY NO. 17. INFORMANT The Medical Record Address The Clinical 160, WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) 217-44-6938 Center NIH Bethesda Maryland 20014 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Hodgkin's D Hodgkin's Disease (Extensive tumor of the viscera) 4 years DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) rise to immediate cause (o), DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse! PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 2Do. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YESXX NO [21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner) Manth Day Year HOUR A.M. P.M. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. Na. City or Town County State While Not while of work 22a. I certify that XIX (this haspital) attended the deceased from 13 February, 1969, ta 30 March, 1969, that XIX (we) lost saw the deceased alive an 30 March 1969, and that in XIX) (our) opinion death occurred on the date and hour and from the couses stoted above (t) (we) (did) (tity not) view the body ofter death. 22c. DATE SIGNED 22b. SIGNATURE MED. DIRECTOR STAFF PHYS. 30 March 1969 DEGREE 22e. ADDRESS The Clinical Center, National 22d. PHYSICIAN" NAME (Type) Institutes of Health, Bethesda, Md. 20014 David A. Bray, MD. 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (State) 23o. BURIAL, CREMATION, 23b. DATE FREMOVAL (Spacify) 4/3/69 Ft.Lincoln Cem. Colmar Manor, Md. 1969 Cliantes 24. FUNERAL DIRECTOR Nalley's Funeral ADDRESS Mt. Rai nier 25g. REC'D BY REGISTRAR Maryland nier 25g. REC'D BY REGISTRAR 7

director, page 3 should be detoched for use as the should be filed with the State Dept. of Health prior to O FUNERAL DIRECTOR: After this certificate hos been VR A15 (4) 30M REV, 1/68

attending physician and completely filled in by the permit. Then please remove carbon popers. Page: on, or removal, and in any event, within 72 hours of

burial, cremation, or removol, and in ony event

buriol-transit permit.

be executed within 24 hours

requires that the death certificate

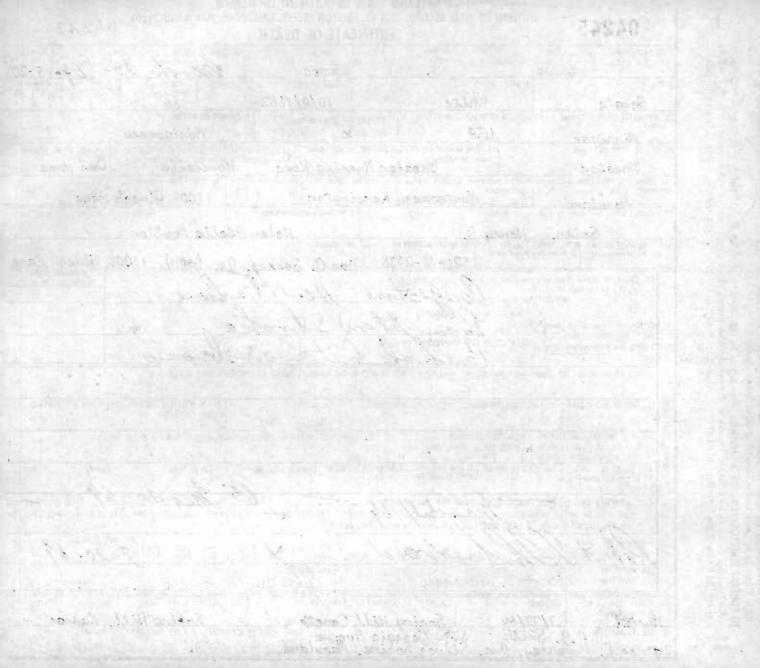
			4.65	- remilitario		20.00
	244		No. of the last of	1.42(344) 1.44(1.44)		
		The Rutter		00.00		
				W. W. W.		
			STATE OF THE PARTY			
			Mary Comment			
					4 7	
. a. ter	on orland an					
						0 10
			ELLEN TO SERVICE	The state of the s		
561.6101.				3 5 57 5		T MALERY TO THE
				* ** ** ***		
4,70	L. Hermonder II	10.11.01			er .	
	STANDARD TO STAND	Sales Trans	THE PARTY OF	5 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
ENTLY IN		· 0	10. 4			
100		rre ' e a '	The second second	1		
477	B = 1		5 .			
	·c ·	au				
	·c ·	au				
	·c ·	au				
	·c ·	au				
11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·c ·	au				
	·c ·	au				
		au				
	·c ·	Она				

AL TOTAL PROPERTY OF THE STATE OF THE STATE

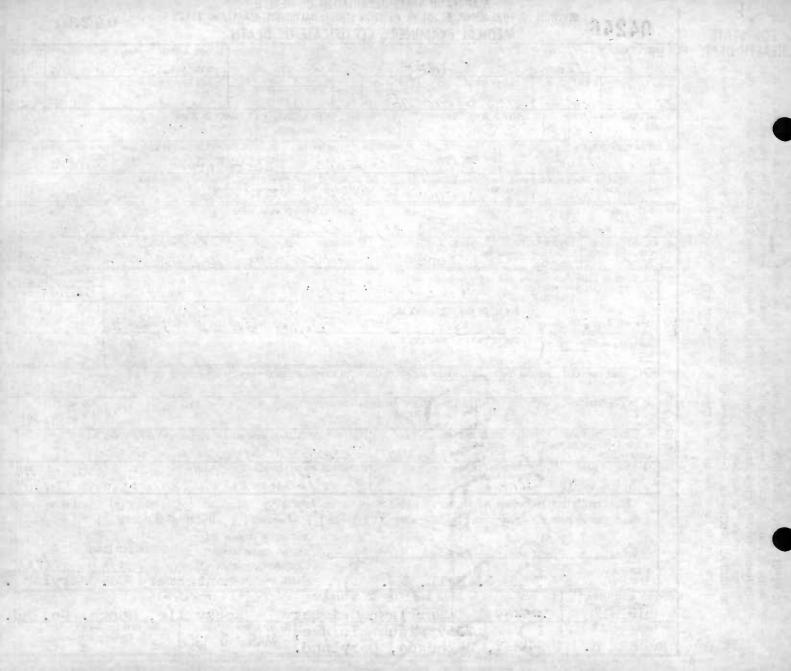
20:2 69 2:43		r (= 1 = r)	Tophae	rus (11) II
		01-00-0	02,117	o Î
	CONTRACTOR.			Mesipsippi
.31201	disciptions	.osol escu	le Viol	Silver Springs
^*7*^	17:17 10 27 1	11. Sec. 11	a itturo dani	
Bisen	hatta		elos.	
. Ser . 3. 8 . arr y	ith - 111/ Design	Samio W. Fo		II coy
1	PANARETTO	HAIR RADO PR	ACUTE	
CAS SYEASS	NORSE DECIMERON	CARROLLAS PARTE	HYPERTEUSIVE	
	aum eso			
	Lication	ALWES, CI	INCOM, HERATH	POLIMONIARY CARC
	×			
- 69	59 PARCH 21	* Ann	3/2/	
3/23/69	10 4 10 5 2 1	X	an ow	F61 V.
	WISCONSIN NVE		MININO, MP	
(Address)	Jacose, Vis	Sallyati b	on the second	

	31 30	N. S.	Saith			24	
		1,000		1.5			J .
	LA CONTRACT				1931	15	
(1)			1874	, 1			400(1
J. 1. (1)	2210 100 10	9.	Mater	147 17 4	10	(**)	93.1
				and the		2: « C=	
Contraction Mean		d.Dad	red Tyres	98-400-F03		T is	\.
	303454		N.S. S.				
				7/1/2			
			pall 3			12	
		- 1 1/2 (11/2		

	11	MARYLAND STATE DEPARTMENT OF HEALTH	Company and
1		04244 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
7	Н	CERTIFICATE OF DEATH	用於
. 2 .	1	APPENDING STATE ST	a diam
the label		(Type or print) H Month Dov Year	b. HOUR
p o o	-	3016611	:40 CM
# # # # # # # # # # # # # # # # # # #	3. 3	That had been a second and the secon	IOER 24 HRS.
2 4 6 5	L	Female white Jan 29 1885 Set YRS. MONTHS WATS HOU	K3 MIN
nour s. Py		D. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
4 ho 1 in 20ers. 72 h	Car	Wash DC. USA WIDOWED DIVORCED Montgomery	Md.
hin 24 filled pape thin 77	10.	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If nat in haspital 12a, USUAL OCCUPATION (Kind of work done 12b KIND OF RUSIN)	
OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 hours after death. be retained by the hospital or ottending physicion. JIRECTOR: After this certificate hos been signed by the ottending physician and completely filled in by the fundial et a should be detached for use as the buriol-tronsit permit. Then please remove carbon papers. Pages I and 2 ed with the State Dept. of Health prior to burial, cremotion, ar removal, and in any event, within 72 hours after death.		give street oddress) during mast af working life, even if retired.) INDUSTRY	
ecuted with completely ove carbon y event, with	130	o. USUAL RESIDENCE (Where deceased lived, if institution: Residence befare 13c, CITY OR TOWN 13d AISIOE CITY LIMITS? 13e, STREET AND NUMBER	Hane
omplet ve car event	adn	mission) STATE Md 13b. COUNTY CONTROLLED SI Wee SPRING YES NO 1520 Jaspee St Silver	0.17
exec any co	14		DRMg-
ond rem	17.		ist
d les d	1	978.03	2N
(Sa. WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, ng, gr unknown) (If yes give wor or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address	+
if the deoth certificate the ottending physician sit permit. Then please notion, ar removal, and		NO - 120-34-6457SI Ethel B Stephens Rt 2 Watersville Rd A	184 M
en The		18. CAUSE OF DEATH (Enter only one cause per line fon(o), (b), and (c).) APPROXIMATE IN BETWEEN ONSET AN	TERVAL ID OFATH
ndii.		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Ortoria selevate cerebral cosecolo 20 y	h
otte erm on, o		H370 DUE TO, OR AS A CONSEQUENCE OF	/3
the office of the	1	(Conditions, if ony, which gove)	
that on. by the rons	ш	rise to immediate couse (a),(
d b		stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
equires physicio signed I buriol-tr	П	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUY NOT RELATED TO THE TERMINAL DISEASE QRCONDITION GIVEN IN PART (a)	
g p p si		THE 2. OTHER SIGNIFICANT CONTINUOUS CONTINUOUS CONTINUOUS TO DEVEN IN PAKT ((a)	
din din	NO	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b IF YES WERE FINDINGS CONSIDERED IN CERTIFY	eeg
ss the price	CERTIFICATION	196. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20g. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFY	ING
H to be be to the second	RIE	YES NO TOWARD	
al o cate		1 21C. HOW HOOK! OCCORRED LEGISL HOURS IN FOR 1 OF FOR 7. HERD IN	4111
Pid affiliation	MEDICAL	If either, natify medical examiner) P.M. 19	
by the hospital or ottending by the hospital or ottending fler this certificate hos been be detached for use as the state Dept. of Health prior to	W		State
this De	Н	While Not while at work at work	
NY t ter ter de		22a. I certify that (1) (this haspital) attended the deceased fram 6729, 1966, to 179, 1969, that (1)	we) last
ND Af Af		saw the deceased alive and 196 and that in (my) (aur) apinian death accurred on the date and haur and	ram the
ATTEND etained CTOR: A should vith the		causes stated by ove, () (we) (did) (did nat) view the bady after death.	
A reter A william		22b. SIGNATURE ATTENDING MED. STAFF 22c. DATE SIGNED	
OR OB		1 D DEGREE PHYS. DIRECTOR DIRE	
AL AL E		22d. PHYSICIAN'S 22e. ADDRESS 22e. ADDRESS	
SPII FR/ or, d b		NAME (Type) 19 FRIEUZDUNG 7852 16-NW Work De	
O HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the deoth certificate be Poge 4 may be retained by the hospital or ottending physicion. D FUNERAL DIRECTOR: After this certificate hos been signed by the ottending physician or director, page 3 should be detached for use as the buriol-transit permit. Then please in shauld be filed with the State Dept. of Health prior to burial, cremotion, ar removal, and in	23a	a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Ste	ate)
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires the Poge 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate hos been signed by director, page 3 should be detached for use as the buriol-tron shauld be filed with the State Dept. of Health prior to burial, cren		REMOVAL (Specify) Burial 3-22-69 Mt Zion Cemetery Bethesda, Mont M	id
TA TA		FUNERAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE	
VR A15 (4) 45M - 1/69	F	Robert A Pumphrey 7557 Wisconsin Ave MAR 2 4 1969 Victorian Quedas	
		Bethoods Md DAIC	



11 H	MARYLAND STATE DEPARTMENT OF HEALTH	
T con creat	04246 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	238
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20. DATE KNOWN Month Doy OF ESTI-	
y is tof	Gleanor CAREY affellman DEATH MATER MATCH	1969 7 PM
elovad 3. Po	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years let under 1 Year let under 24 Hrs 2c, DATE PRONOUNCED DEAD less bighteday) Months DAYS HOURS MIN. Month Day	Year 22 C4 32
2, and 3 to PM3. Poge	FEMALE WHITE JULY 12, 1910 30 YRS. March 3	Year 1967 93 M
Dep 3.	70. BIRTHPLACE (Stote or foreign 76. CITIZEN OF WHAT COUNTRY? T8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORCED DIVORCED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORCED DIVORDED DIVORDED DIVORDED DIVORCED DIVORDED DIVORDED DIVORDED DIVORDED DIVORDED DIVORDED DIVOR	
far far	1/200 /01	Md.
Pogrith vith		KIND OF BUSINESS OR
frer death. Give Poges In the Stote	Chery Chase give street address) Turner Lane during most of working life, even if retired.) INDIA 130. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 130. CITY OR TOWN D 130. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	JOA, L
hin 24 hours after death. In deloy is neil in Item 18. Give Pages 1, 2, and 3 to hiner's Office along with farm PM3. Page pages lond 2 with the State Department of hours ofter death.	odmission) STATE Med 13b. COUNTY Mentgoniery Settled yes NO 350/ Luise	La
our em ffice and 2	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle	Lost
\$ 00 S O O S O O O S O O O O O O O O O O	Herbert H. Carles Lila	2
ithin 24 centil in ominer's ominer's centil in omin	160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT 1306 - HETGE ABORESS/ LI. 7	51/da159.
Exomitive File p	(Yes, no, or unknown) (If yes give war or dates of service) None / Law rence w. Dell.	mar Md.
should be executed, viiin we word "pending" in we the Chief Medicol Exountial-transit permit. File in ony event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
rmit with	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Shock & ASPhyxic	minutes -
exe endi Me t pe	DUE TO, OR AS A CONSEQUENCE OF	
be ''p	Conditions, if only, which gove isse to immediate couse (a), (b) BUTDS - 2 est 3 - degree - Burn - 80 % of Bord	
ony	stoting the underlying couse DUE TO, OR AS A CONSEQUENCE OF	
sho e w o th o th in	lost. (c)	
DEPUTY SICAL EXAMINER: This certificate should be executed, within 24 hours after death. Ressary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, e funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with farm may be retained far your files. FUNERAL DIRECTOR: Page 3 should be used as burial-transit permit. File pages lond 2 with the State Desalth prior to burial, cremation, or removal, and in any event within 72 hours offer death.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
vriti war war	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	20. AUTOPSY?
for for	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1	YES X NO
Th ficat be d b	210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Doy, Yeor 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 1	8.)
ER: ertif sould ss. houl	PRIMARY OR CONTRIBUTING HOUR AM. 7 P.M. 3/1/ 1969 Fell osleep on courch snowling cigor etter 21d INJURY OCCURRED 121e PLACE OF INJURY At home form street 21d INJURY OCCURRED 121e PLACE OF INJURY At home form street 21d IOCATION Street or R. F.D. No. (ity or Town	
AINER: he cert shoul files. 3 shou	The fact of the fa	ounty Stote
JTY CALL EXAMINER: Inv., please execute the cert erol director. Page 4 should be retoined far your files. RAL DIRECTOR: Page 3 should prior to burial, cremation.		Mentgeniery
OR: Poc	22a. I certify that I taak charge af the remains described abave, held an Autapsy 🔀, Inspection 🔀, Inquiry 🔀,	and in my apinion
se estoned need	death resulted fram: Natural causes 🔲 , Accident 💢 , Suicide 🔲 , Hamicide 🔲 , Undetermined manner 🔲	
directoi DIR	ACTUAL OLD BOR CHIEF MEDICAL EXAMINER 225 DATE SIGN	
TY. F. Prol	SIGNATURE MD. ASSISTANT MEDICAL EXAMINER (1 - 181-
fune fune oy b	2 EXAMINER'S NAME (Type) JOHN G. BALL, MD. DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, interpretage on any Co.	
necessary, please ex the funerol director. 5 may be retained TO FUNERAL DIRECTOR Health prior to bur		enty) (Stote)
5 - 12	Burial 3-5-69 Parklawn Cemetery Rockville, Mont	.,
	24. FUNERAL DIRECTOR 7557 LAPORESS ON C. T. ATTO 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	ATURE
VR A15ME (5)	ROBERT A. PUMPHREY, Bethesda, Maryland DATEMAR 6 1969 Huarla	o frequen
10M KEV, 1/08/	A Contract, Detriebda,dry Land	



FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	539
HEALTH DEPT.	1. DECEASED-NAME First Middle Lost 20 DATE KNOWN Month Day	Yeor 2b. HOUR
is of of	(Type or Print) CAMINA Nielsen Starr DEATH MATED & 3 11	1969 P M
hin 24 hours ofter death ony deloy is perfirm Item 18. Give Poges 1, 2, and 3 to niners Office along with farm PM3. Page pages Tond 2 with the State Department of hours ofter death	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years If UNDER 1 YEAR IF UNDER 24 HR. 2c. DATE PRONOUNCED DEAD	ear 1969 2d. HOUR
arm P	70. BIRTHPLACE (Stote or foreign Country) New Yerk. 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVOR	Md
hours ofter death Item 18. Give Poges 1, Office along with farm Iond2 with the State De	10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired.) 12. USUAL OCCUPATION (Kind of work done libb. Kind of work done lib	IND OF BUSINESS OR
s ofter 18. Givil 18. Givil 18. Givil 19. deoth	130. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN, odmission) STATE AND STREET AND NUMBER odmission) STATE AND STATE AND STREET AND NUMBER CLOWN Chery Chas Street AND NUMBER CLOWN CHARLES OF THE COUNTY MONTH COLOR OF THE	Lone-
4 hour tem	14. FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle UNKNOWN.	Lost
Examine 24 Examine 25 Experime 25 Experim	160. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS Philippa T Stare As about	٠٠.
uted v ag" in 1 lical Ex mit. Fil	TO CAME OF DEATH (Farmer) and the for (A) (A) and (A)	APPROXIMATE INTERVAL ETWEEN ONSET AND GEATH
INER: This certificate should be executed within 24 hours ofter death be certificate, writing the word "pending" in pepciffin Item 18. Give Pogs should be forworded to the Chief Medical Examiner's Office along with files. 3 should be used as a buriol-transit permit. File pages Tond 2 with the stain of removal, and in any event within 72 hours ofter death	Conditions, if ony, which gove rise to immediate couse (a), Due TO, OR AS A CONSEQUENCE OF Daugo Tranquilizers & HyProtices. (b) Coverdose of Daugo Tranquilizers & HyProtices.	1/2 h.?
shoul ne wor to the buriol-	last. (c)	
rificate titing the strated to so ool, and	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
This certificate strates writing the beforworded to do be used as or removal, and	WAS PERFORMED?	20. AUTOPSY? YES NO X
	FRIMARY OR CONTRIBUTING HOUR AM 3 11 1969 Took over dose of Nodular, Elaral:	Somerey.
bical Examiner: se execute the certificator. Page 4 should ned for your files. ECTOR: Page 3 should i buriol, cremotion,	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. No. City or Town Cour 7701 Mezdow Lane Chev Chese Month 90	
L EXA kecute Page for yal OR: Pag	22a. I certify that I taak charge of the remains described above, held an Autapsy, Inspection 🔀, Inquiry 🔀,	and in my opinion
ctor. ned bur	death resulted from: Natural causes 🗌 , Accident 🔲 , Suicide 🖄 , Homicide 🔲 , Undetermined manner 🗌	
pleo:	ACTUAL SIGNATURE Off B. Bell CHIEF MEDICAL EXAMINER 226. DATE SIGNED	12 1010
necessary, please execute the funeral director. Page 4 5 may be retained for your for FUNERAL DIRECTOR: Page Health prior to buriol, crem	EXAMINER'S NAME (Type) John G Ball DEPUTY MEDICAL EXAMINER ADDRESS (Street, city, town, or county) Rethords	Gertoen
10 5 5 4 Hg	230. BURIAL, (REMATION, REMOVAL Specify) Burial 23c. NAME OF CEMETERY OR CREMATORY Burial 23d. LOCATION (City or Town) Country Rockville President Country Burial	Geo Md
VR A15ME (5)	24. FUNERAL DIRECTOR RObert A Pumphrey 7557 Wisconsin Ave ADDRESS Wisconsin Ave MAR 19 1969	Bye

MAKYLAND STATE DEPAKIMENT OF HEALTH

Charles and the second control of the second The date of the second to the second

						EPAKIMENI OF I				
	0101	0	DIVISION OF	VITAL RECORDS	, 301 W. PRE	STON STREET, BALT	IMORE, MAR	YLAND 21201		
31	0424	10			CERTIFICA	TE OF DEATH			04241	
1.	DECEASED-NAME	Fir	st	Middle		Lost	2o. DATE OF		01641	2b. HOUR
	(Type or print)	Vien	FOR	M.	Ste	phans.		Month Do	Year Year	1100
3.	SEX	,	4. RACE	121	ds.	DATE OF BIRTH		6. AGE (In years	IF UNDER I YEAR	IF UNOER 24 HRS.
	MA	12.	le	hits		4-9-0	54	last birthday) YRS.	MONTHS DAYS	HOURS MIN
7.	o. BIRTHPLACE (SI	ote or foreign	7b. CITIZEN OF WH	AT COUNTRY?		NEVER MARRIED	9. COUNTY OF	. 1		
	MARSI	N "nche			WIDOWED	DIVORCED		ntgom	exy.	M
A	O. CITY OR TOWN	OF DEATH.	Rey 11. NA give s	ME OF HOSPITAL OR IN	STITUTION (If not in			(Kind of work done ife/even if/retired.)	12 KIND OF E	BUSINESS OR
	De III DECIDE	NCE (Where does	and the different of	2		n. 1	115TRG	putok	AUTO -	LIRES
00	dmission) STATE	Md.	eosed lived, if instituti 13b. COUNTY	Montgome	1 2.	/ //	13e. STR	LEET AND NUMBER	on Da	ike
1	4. FATHER'S NAME	First	Middle	Lost	1/	OTHER'S MAIDEN NAME F	First	Middle		Lost
	M	chae	1 /:	Stephe	ens.	MATRO	NA	- <	SCHEK	ERENK
- 1	60. WAS DECEASE Yes, no, or unkn	D EVER IN U.S. Al	RMED FORCES? war or dates of service)	16b. SOCIAL SECURITY	/		1	Address	_	
	NO					Elen. St	Conens	5948		Rive
	18. CAUSE O	F DEATH (Enter of	only one couse per lin SED BY:	e for (o), (b), ond (c).)					ISET AND GEATH
	PARI I.	IMMED	DIATE CAUSE (o)	CE	REBRI	92 HCM.	ORRHA	90	1/2	Kr
	401	9	DUE TO, OR A	A CONSEQUENCE OF						
	rise to imme	any, which gove diote couse (o)	(b)		MRter,	O SCLEROL	-15		URS	5-
	stoting the u	inderlying couse	DUE TO, OR A	A CONSEQUENCE OF					/	
	last.) (c)							
	PART 2. OTHE	R SIGNIFICANT CO	ONDITIONS CONTRIBUT	ING TO DEATH BUT N	NOT RELATED TO TH	HE TERMINAL DISEASE ORC	CONDITION GIVEN	IN PART 1(o)		
3	19a. DATE OF C	OREDATION TIO	L COMPITION FOR WAIN	CIL ODED ATION WAS B	FREARMER	20 1120212	Last in			
)	190. DATE OF C	PERATION 191	b. CONDITION FOR WHI	LH OPEKATION WAS P	EKFUKMED	20o. AUTOPSY?		YES, WERE FINDINGS OF DEATH?	CONSIDERED IN CEI	RTIFYING
1	210 ACCIDEN	T WAS UNDERLY	ING TOUR TIME OF	INITIDY	let now	YES NO				
		TING CAUSE OF DE	EATH HOUR A.M.	Month Doy Year	ZIc. HOW	INJURY OCCURRED (Enter	r noture of injury	in Port I or Port 2,	Item 18.)	
ALD IN	(If either, not	ify medical exam	niner) P.M.	1	9	101 6				
	While No	ot while	e. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	ZIT. LOCAT	TON Street or R.F.D. No.	. City	or Town	County	Stote
	OI WOIK U	I WUIK	this hospital) atte	adad the deser-	ad fram	10/	(1 +0	1 0 10	76 11 1	(1) () :
	saw t	he deceased	alive an	lan	19 69 and/th	nat in (my)-laur) ani	y , ta_	curred on the de	69, that	(1) (we) la
	cause	s stated abov	ve, (I) (we) (aid) (did nat) view the	bady after dea	th.		redired dir ille de	are dira madi a	ina traiti ii
	22b. SIGNATUR	E	1/ 00	0	^	ATTENDING ATTENDING	KED.	STAFF 22c.	DATE SIGNED	A-, 14.
	N	-A-	Killor	~ hil	DEGREE		IRECTOR .	PHYS.	3-23-0	69
	22d. PHYŠICIA NAME (T		416	0. 2		22e. ADDRESS	, 0,	0	1 1 1	1
=		00/4		PLAY		8218W.	3.1401	BATHE	SAHI	12.
23	BO. BURIAL, CREM REMOVAL (Spe	ATION, 23b	DATE	23c. NAME OF	CEMETERY OR CRE	~	23d. LOCATION	(City or Town)	(County)	(Stote)
2	4. FUNERAL DIRES	TOR	3-26-69	TOUR	CREEK	CEM.	V DECISTRAD	SMING7	ON D	·, C,
2	DANG I ST		Leur 1	-130 M	4670N 12	A A A A	AN 20	1969 REGISTRAR'S	Cares C.	edoo
	1	/	7	170,000	- Mr. DOWE	N 4 DATE		11	-	11

44 DATE OF THE PARTY OF THE PARTY

14			DIVISION OF VITAL RECORDS,	301 W. PRESTON STREET, BALL		01011
P		04249		CERTIFICATE OF DEATH		04241
death.		ECEASED-NAME First Type or print) Maux	Middle William	Lost Stevenson	20. DATE OF DEATH Month 12 Doy	69 Year 2b. HOUR
24 hours after death ed in by the funeral appers. Proges 1 and 2 no 72 hours after death	3. S	Male	4. RACE Negro	S. DATE OF 81RTH 12/12/09	6. AGE (in years last birthday) YRS.	IF UNDER 1 YEAR IF UNDER 24 NRS. MONTHS DAYS HOURS MIN
Pours Bours	70.	8IRTHPLACE (State or foreign 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	
24 ho d in pers. 72 h	W:	ntry) ashinaton. D.C.	USA	WIDOWED DIVORCED	Montg	omery Md.
within/24 hour	10.	city or town of death Sheaton	11. NAME OF HOSPITAL OR IN: give street oddress)	during m	AL OCCUPATION (Kind of work done nost of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
and campletely filled in remave carbon papers.		USUAL RESIDENCE (Where deceosed ission) STATE D.C.	f liyed, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY		et
be exe and con the remover the remove the remover the	14.	FATHER'S NAME First William	Middle Lost Henry Stevens	IS. MOTHER'S MAIDEN NAME	First Middle	Lost
rificate be obysician of the please val, and in		. WAS DECEASED EVER IN U.S. ARME 'es, no, or unknawn' (If yes give wor	D FORCES? or dates of service) 16b. SOCIAL SECURITY 579-10-78	- X	tephonson 22	-Todd PlME
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed withing be retained by the haspital or attending physician. SIRECTOR: After this certificate has been signed by the ottending physician and campletely filled: 3 shauld be detached for use as the burial-transit permit. Then please remave carbon peed with the State Dept. of Health prior ta burial, cremation, ar remaval, and in any event, within		PART I. DEATH WAS CAUSED	one couse per line for (o), (b), and (c). BY: E CAUSE (a) CONSEQUENCE OF	// . //	ision	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH A MONYLUS
equires that the physician. signed by the burial-transit purial, crematic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying couse lost.	(b) CA DEMO 4 DUE TO, OR AS A CONSEQUENCE OF	schrotic cerel	desease.	
v requiring physen significations in the puricular to burie	N	PART 2. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR		
The law ratending has been se as the th prior ta	CERTIFICATION	19a. DATE OF OPERATION 19b. CO	ONDITION FOR WHICH OPERATION WAS PE	RFORMED 20a. AUTOPSY? YES \ NO \	20b. IF YES, WERE FINDINGS CO CAUSES OF DEATH?	ONSIDERED IN CERTIFYING
PHYSICIAN: 1 he haspital or this certificate letached for us 5 Dept. of Healt	MEDICAL CES	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examine	HOUR A.M. Month Day Year P.M. 19	9	er nature of injury in Part 1 or Part 2, I	tem 18.)
be has this cel detache e Dept.	ME	21d. INJURY OCCURRED 21e. P While Not while at work	LACE OF INJURY (AT HOME, FARM, STREET, FAI OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION Street or R.F.D. No.	/	County State
Page 4 may be retained by the haspital or attending physician. To FUNERL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transhauld be filed with the State Dept. of Health prior to burial, creasingly by the state Dept.		22a. I certify that (I) (this saw the deceased alicauses stated abave,	hospital) attended the decease ve an	ed from 28 Jam, 194 1969, and that in (my) (our) ap bady after death.	94, ta 12 Man, 19 inian death accurred an the da	(4) that (1) (we) last te and haur and fram the
V DR AT OR AT OF A		22b. SIGNATURE	Ellogh	MPDEGREE ATTENDING PHYS.	MED. STAFF 22c. E	march 69
OSPITA B 4 ma INERAL ctar, pi	22 -	NAME (Type) Works	Monghe 122 HAVE OF	2390 Air	Tegent Cin While Tade LOCATION (City or Lown)	Acounty) (State)
TO Hoge direct share	P	REMOVAL (Specify)	17-69 Hay	mon come	BY REGISTRAR 2Sb. REGISTRAR'S	i on of
VR A15 30M REV. 158	14.	hos D Water, L	Valsaus 5 / www	Stand DAMAR	1 3 1969 Clian	es judge

ROBERT A. PUMPHREY, Bethesda, Maryland MAR

Williamley Indas

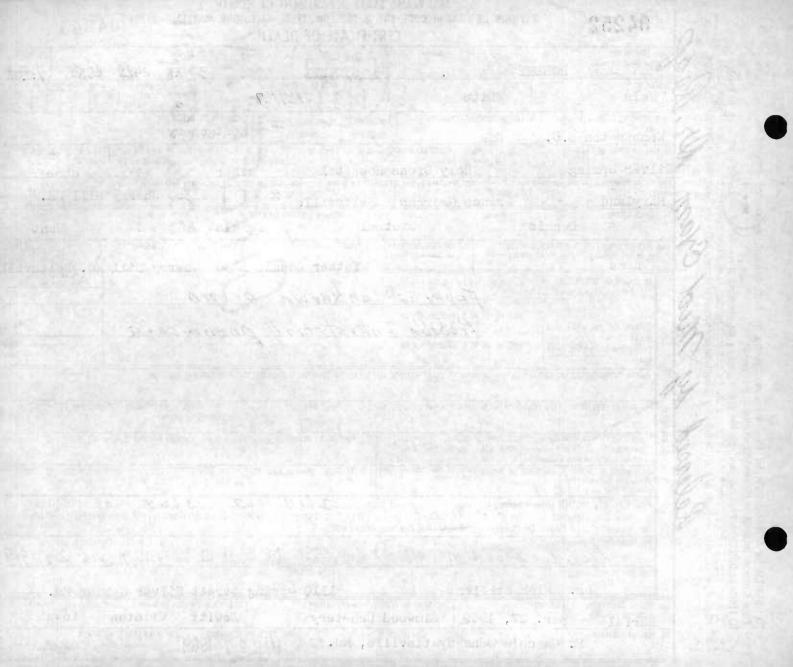
1969

VR A15 (4) 30M REV, 1/68

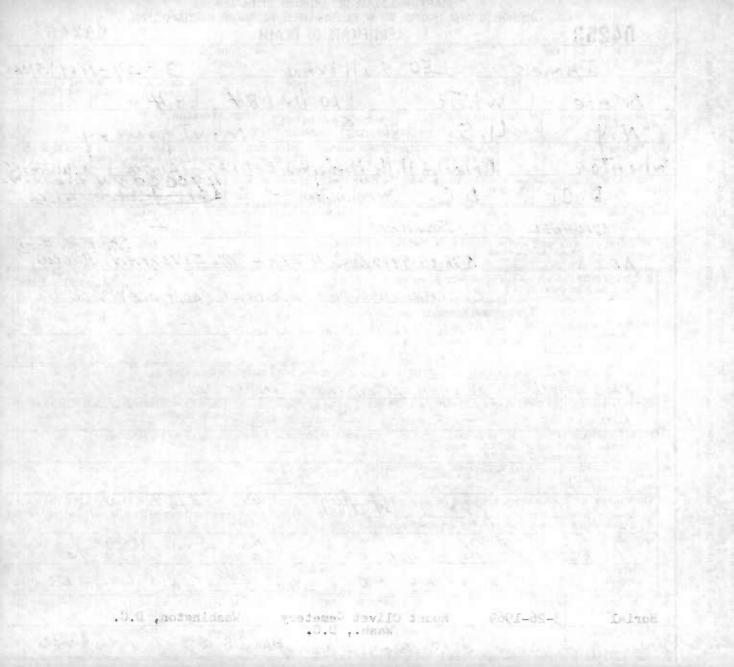
The state of the s	04240
	v.3 d
	ripernols on
	a testi
The state of the s	
est in the second of the seco	1000
in the continue with the state of the state	
Total Committee of the	
en de la company de la comp La company de la	
	201-201

			IN STATE DEPARTMENT OF HEA		
	04251		301 W. PRESTON STREET, BALTIMO	ORE, MARYLAND 21201	1/0/0
			CERTIFICATE OF DEATH		04243
1. DEC	EASED-NAME First pe or print)	Middle		2a. DATE OF DEATH	2b. HOUR
	IN	FANI GIRL	STREET		69 Year 140 p M
3. SEX	FEMALE	4. RACE WHITE	S. DATE OF BIRTH 3/1, /69		IF UNDER I YEAR IF UNDER 24 HRS AONTHS DAYS HOURS MIN
7o. Bl	RTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED 9. 0	COUNTY OF DEATH	
tuoin	"MANYLAND	li. SA	WIDOWED DIVORCED	MONTGOME	rey Md.
10. CI1	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR IN give street address)		CCUPATION (Kind of work done	126. KIND OF BUSINESS OR
1	SETHESDA	SUBUR	BAN HOSKILAL during most	of working life, even if retired.)	INDUSTRY
admiss	ISUAL RESIDENCE (Where deceos sion) STATE 1-2	ed lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIMITS:	The state of the s	ales Rd.
	THER'S NAME First	Middle Lost	IS. MOTHER'S MAIDEN NAME First	Middle	Last
	DELMAN	STREE	T WANDA		MANIS
160. V	VAS DECEASED EVER IN U.S. ARM	IED FORCES? 16b. SOCIAL SECURITY		Address	1717773
165	s, no, or unknown) (If yes give w	or or ories of service)	FAMILER	SANE	
	B. CAUSE OF DEATH (Enter on	y ane cause per line for (a), (b), and (c).)	А	APPROXIMATE INTERVAL BETWEFN ONSFT AND OFATH
11	PART I. DEATH WAS CAUSED IMMEDIA	JE CAUSE (a) PULM (NARY ATELE	CTASIS	DETACH ONST AND OTHER
	1169	DUE TO, OR AS A CONSEQUENCE OF			
	Canditians, if any, which gave) rise to immediate cause (a),	(b) Imm A	TURITY		
5	stoting the underlying couse	DUE TO, OR AS A CONSEQUENCE OF			
1 1-	ast.	(c)			
	PART 2. OTHER SIGNIFICANT CON	DITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE OR COND	ITION GIVEN IN PART I(a)	
NO	a part of octouries. Italy				
IS.	90. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPERATION WAS PE	5.1	20b. IF YES, WERE FINDINGS CON CAUSES OF DEATH?	SIDERED IN CERTIFYING
CERTIFICATION	la. ACCIDENT WAS UNDERLYIN	C 1016 TIME OF INTERV	YES NO NO		
	OR CONTRIBUTING CAUSE OF DEATH	HOUR A.M. Month Day Year	21c. HOW INJURY OCCURRED (Enter nat	ture of injury in Part 1 or Port 2, Ite	m 18.)
	If either, notify medical examinated 21d. INJURY OCCURRED 21e.				
	While Nat while twork at wark	OFFICE BUILDING, ETC.	TORY.) 21f. LOCATION Street or R.F.D. Na.	City or Town	County State
		s haspital) attended the decease	ed from 2011 . 1969	. ta 2/11 19¢	G About (1) ()
	saw the deceased al	ive an 3///	9.67, and that in (my) (our) aninia	n death accurred on the date	7_, that (I) (we) last
	causes stated abave	(I) (we) (did) (did nat) view the	bady after death.	an in duri	and had and half the
2	2b. SIGNATURE	ma1/-	ATTENDING TOT MED.	STAFF 22c. DA	TE SIGNED
-	xoull 7	14) Val h	DEGREE PHYS. DIRECT	TOR PHYS. 3/	1 69
2	2d. PHYSICIAN'S NAME (Type)		22e. ADDRESS		
	BURIAL (REMATION,) 23b. C	ATE 23c. NAME OF	CEMETERY OR CREMATORY, 23	d. LOCAJION (City ar Tawn)	(Caunty) (State)
	REMOVAL (Specify)	1469 Swhar	ben Hospital F	Bethesda-Mo	ato - MD
24. FL	INERAL DIRECTOR	APDRESS	2Sa. REC'D BY RE	GISTRAR 2Sb. REGISTRAR'S SIG	GNATURE
16)	RS. HMella CC	WAS LANIN ICLAY	DAMAR 1	7 1969 Milesul	La Vergas

TOTAL DIAMENT ADDRESS AND ROBBING AND RESIDENCE AND RESIDENCE 14210



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04245 CERTIFICATE OF DEATH 1. DECEASED-NAME First Middle death. 20. DATE OF DEATH 2b. HOUR death. eral (Type or print) LEO 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR MONTHS DAYS ban papers. Pa hours 7b. CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (State or fareign COUNTY OF DEATH MARRIED NEVER MARRIED country) .= WIDOWED DIVORCED [filled 10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done IND OF BUSINESS OR give street address) camplefely f INDIASTRY remove curban event, 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN executed COUNTY in any 14. FATHER'S NAME Middle 15. MOTHER'S MAIDEN NAME First Last Middle MICHAEL pe SULLIVAN physician a burial, crematian, or remaval, and requires that the death certificate 16b. SOCIAL SECURITY NO 17 INFORMANT Yes, na. at unknown) MRS. ETELKA 1B. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) PART I, DEATH WAS CAUSED BY: permit. CLREBRO VASCULAR IMMEDIATE CAUSE (a) _ DUE TO, OR AS A CONSEQUENCE OF signed by the burial-transit p Conditions, if any, which gave t GENERALIZED ATHERO SCLEROSIS rise to immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause 4PERTENSION PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) te has been s use as the k detached far use as the te Dept. af Health priar ta INFECTION URINARY RETONTION + 19a. DATE OF OPERATION 20b. IF YES. WERE FINDINGS CONSIDERED IN CERTIFYING 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o. AUTOPSY? CAUSES OF DEATH? NOW 2 YES | certificate 210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month Day (If either, notify medical examiner) P.M State Dept. 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street at R.F.D. No. OFFICE BUILDING, ETC. City or Town County State TO FUNERAL DIRECTOR: After this While Nat while at work TENDING 22a. I certify that (I) (this haspital) attended the deceosed from Aug , 1967, to 3/24, 1967, that (I) (we) last saw the deceased alive an 3/9 1997, and that in (my) (our) apinion deoth occurred on the date and hour and from the be retained directar, page 3 shauld should be filed with the couses stated above, (1) (we) (did) (did nat) view the body ofter death. 22b, SIGNATURI 22c. DATE SIGNED. ATTENDING DEGREE DIRECTOR PHYS. 22d. PHYSICIAN'S 22e. ADDRESS KUBERT 23d. LOCATION (City or Town) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL CREMATION. 23b. DATE (State) (County) 3-26-1969 Mount Olivet Cemetery Washington. D.C. ADDRESS Wash., D.C. 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) 130 Wescare N'W DATMAR 1969 30M REV. 1/68



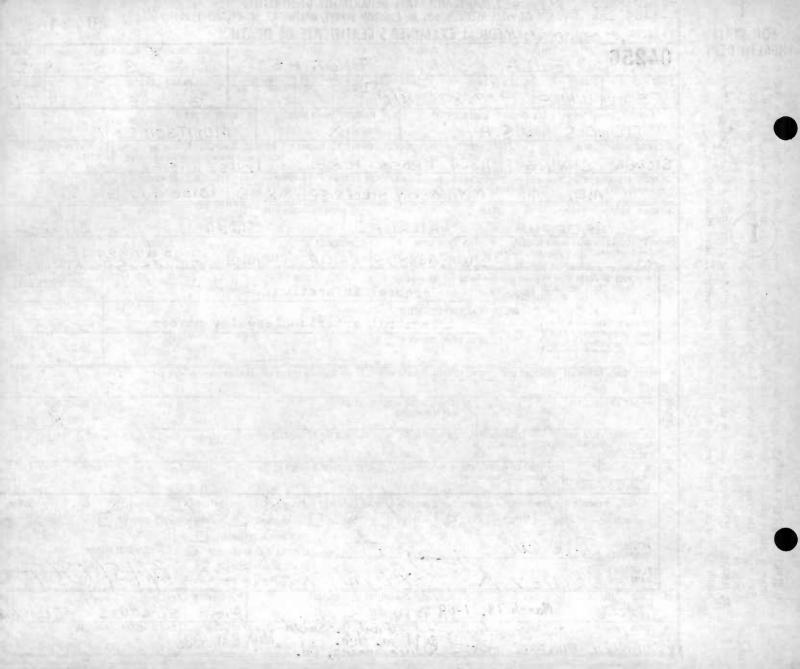
MARYLAND STATE DEPARTMENT OF HEALTH

- Nes Mi ATABLE TO STATE OF STREET PI draid passes total the THI 11 1/1/10 to 1 - 5/1/m Paper Hi NavaMi Maryland Would State State Montgomeruy Silver Spring Holy Cross Maryland France George Hyatherille 2013 Odle Harre Street Michael Surviya toral The an ing death 'greater's broken to safe payons 'Allend and the safe Control to the control of the contro

MAKYLAND STATE DEPAKIMENT OF HEALTH

Malian 1970 The Control of the Contr

/ 1	1 t	ems 18&22a Film 411 MARYLAND STATE DEPARTMENT OF HEALTH 3-69 ams DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04248
FOR STATE	It	em#6.FilmGh10 3/2LMEDICAL EXAMINER'S CERTIFICATE OF DEATH	04240
HEALTH DEPT.	'n	MAD A PROPERTY OF CETT	Year 2b. HOUR
Page nt af		DEZLA PI TACTITA DEATH MATED S	
PM3. Page	3. \$	lost birthdoxD MONTHS DAYS HOURS MIN. Manual	Year 19 ~20
A Par		FEMALE WHITE 9-4/87 8/2/YRS MARRIED NEVER MARRIED 9. COUNTY OF DEATH	Year 1969 73°M
- E		TLLINOIS U.S.A. WIDOWED DIVORCED MONTGOMERY	/ Md
Hoge H	10. (CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 120. USUAL OCCUPATION (Kind of work done 172)	b. KIND OF BUSINESS OR
after death. 8. Give Pages 1, and with farm with the State.	S	ILVER SPRING. Give street address) HOLY CROSS HOSP. during most of working life, even if retired.) IN	DUSTRY
s after 18. Give Jang 2 with 1 death.	13a.	USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
W = " P/U		dmission) STATEMD. 13b. COUNTY MONTGOMERY SILVER SP. YES NO 10100 QUINBY	ST
haurs Office office after of	14. F	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle	Lost
hing 24 ha finel 50 finel 50 f	160	ANDREW HALSLIP SARAH WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. 17, INFORMANT ADDRESS	CHURCH
within 24 in percil in Examiner's File pages in 72 haurs		(es, no, or unknown) (If yes give war or doles of service) WA-258975 PHILIP THOMAS 10100 QUINBU	I ST.
_ ~ ~ ~		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
nauld be executed ward "pending" in the Chief Medical Erial-transit permit. For any event within.	7	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral infarction;	
e execu pending ef Medic sit perm		Onditions, if any, which gave) Due TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave) Cerebral arteriosclerosis, severe	
d be Chie frank		rise to immediate cause (a), ()	
shauld be executed no ward "pending" is the Chief Medical burial-transit permit.		stating the underlying cause DUE 10, OK AS A CONSEQUENCE OF	
the slate of to a but individual in the slate of the slat		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	47.20
fical fing rded as as	Z		
This certificate stricts, writing the be farwarded to be used as a bu ar remaval, and ir	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
This icate, be for all be u	RTIFI		YES NO
#= F ==		210. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Yeor PRIMARY OR CONTRIBUTING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 ar Port 2, Item	18.)
INER: e certifi shauld files. 3 should atian, a	MEDICAL	CAUSE OF DEATH P.M. 19 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town	County State
		WHILE NOT WHILE AT WORK AT WORK	
L EX ecut Pag ar y R: P		220. I certify that I took charge of the remains described above, held an Autopsy , Inspection , Inquiry	ond in my opinion
LCAL E e executor. Pa ed far ed far ed far ed far ed far burial,		deoth resulted from: Notural couses , Accident , Suicide , Hamicide , Undetermined monner	
Ty blease ey, please ey and director. See retained RAL DIRECTOR.		CHIEF MEDICAL EXAMINER	
TY, p. y., p. p. ral		ACTUAL SIGNATURE ASSISTANT MEDICAL EXAMINER 22b. DATE SIG	NED
		EXAMINER'S DELOGN K. KEAD (4, 1) DEPUTY MEDICAL EXAMINER NAME (Type) DEPUTY	1969
TO DEPU necessa the fun 5 may 70 FUNE Health	230		ounty) (State)
-	1	3 URIAL March 18, 1969 T. HORE CALL EAST ST. LOUIS	
		FUNERAL DIRECTOR & Principal ADDRESS and Smitho. REC'D BY REGISTRAR 25b. REGISTRAR'S SIG	NATURE
VR A15ME (5) 10M REV. 1/68	P	UMPHREY FUNERAL HOME 8434 Yas Hue. Md DATE MAR 20 1969	By younge



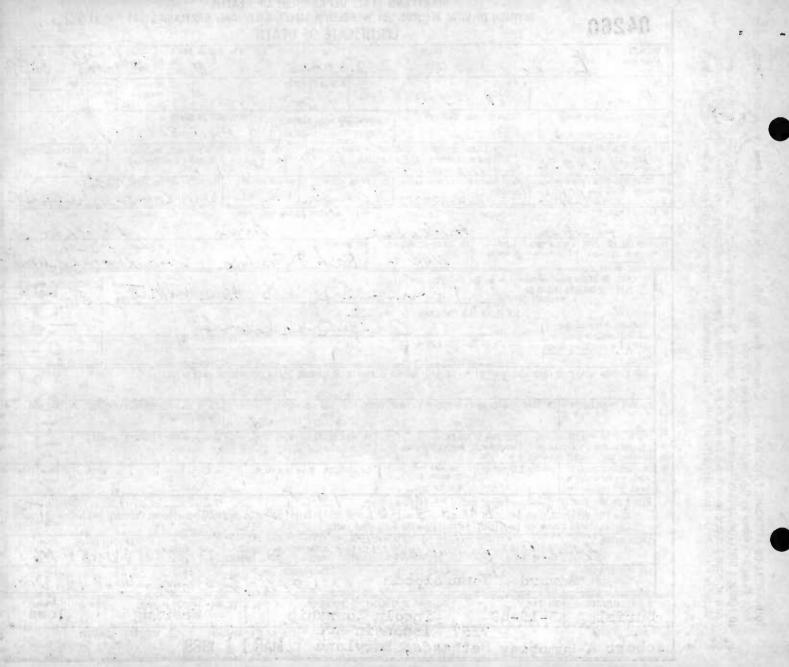
04258	DIVISION OF VITAL RECORDS	ID STATE DEPARTMENT OF H , 301 W. PRESTON STREET, BALTI CERTIFICATE OF DEATH		04249
1. DECEASED-NAME Firs (Type or print)	sey L Middle	Thompson	20. DATE OF DEATH Marchonth Day	26. HOUR M
3. SEX Male	4. RACE White	S. DATE OF BIRTH Nov. 30. 188	6. AGE (In years last birthday) VRS.	IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
70. BIRTHPLACE (Stote or foreign country) Maryland	75. CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER MARRIED WIDOWED DIVORCED	9. COUNTY OF DEATH Montgomery	Md.
10. CITY OR TOWN OF DEATH Wheaton	11. NAME OF HOSPITAL OR IN give street address		L OCCUPATION (Kind of work done ost of working life, eyen if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
13o. USUAL RESIDENCE (Where deceded odmission) STATE	ised lived, if institution: Residence before	13c. CITY OR TOWN 13d. INSIDE CITY LIF	HITS? 13e. STREET AND NUMBER	ity Blud., Wes
14. FATHER'S NAME First Millar	Middle Lost Thompson	15. MOTHER'S MAIDEN NAME FI	rst Middle	Duvall
160. WAS DECEASED EVER IN U.S. AF		NO. 17. INFORMANT Mrs. James Bro		Wheaton, Md.
Conditions, if any, which gove rise to immediate couse (o), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c)	decort.	ONDITION GIVEN IN PART 1(0)	BETWEEN ONSET AND DEATH
8	CONDITION FOR WHICH OPERATION WAS PE	Losis & asris	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING
OR CONTRIBUTING CAUSE OF DE.	HOUR A.M. Month Doy Yeor P.M.	9	noture of injury in Port 1 or Port 2, 1	tem 18.)
While Not while of work 22a. I certify that (I) (the saw the deceased causes stated above.		ed from, 19 29, and that in (my) (aur) apir bady after death.		
22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) Ru	Sufolino sell Butalino	22e. ADDRESS 1429 Unive	Ersity Blud. West	oate signed Car. 19. 1969 Silver Sprip
DEMOVAL (Specifu)	roh 22, 1969 St. 9	CEMETERY OR CREMATORY Lohn's Cemetery raia Avenue raing. Md. 250. RECTO BY DATE: DATE: COMMAND AND AND AND AND AND AND AND AND AND	Porest Glen, Mon REGISTRAR 25b. REGISTRAR'S 4 1969	SIGNATURE

				04.258
10 100	10:0			130
		189, 30, 48	otille	D 21 1
	Contraction			handa d
	To I take	in Storage	101	West conti
			(a vistament is a	
Special Control	Lia III		ore at the same	4410
Incaton	A STORES	Peri. Sperit See	and the same	0.
		April 1		
		The Discourse		
market 2				
		MARK SHAN		
			et 1, 1918 St. Yak ekil ingkol , Yac, S. Dek S. S.	STATE OF THE PARTY

10	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	04257 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4250
HEALTH DEPT.	1. DECEASED NAME First Middle Lost 20. DATE KNOWN Month Day	Year 2b. HOUR
any delay is 2, and 3 to PM3. Page	(Type or Print) Lames & Thompson DEATH MATED X 3 16	1969 45 M
eloy nd 3 3. Po	3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN. Month Day	2d. HOUR
y d 2, ar PM3 artn	11. W. Oct. 0, 1913 33 YRS. March 00/16	Year 1969 7 7 M
Dep Dep	70. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED DIVORC	
th ages h fo tote	7.1770	KIND OF BUSINESS OR
hours ofter death any deloy tem 18. Give Pages 1, 2, and 3 Office along with form PM3. Produced with the Stote Department after death.	Bethes do. give street address) Ra 15 ton Rd. during most of working life, even if retired.) INDU	
s ofter 18. Give dong	13a. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c, CITY OR TOWN 13d, INSIDE CITY LIMITS? 13e, STREET AND NUMBER	01
12 v de d'12 v	admission) STATE Med_ 13b. COUNTY Montgemery Bethesde YES NO 5917 Re1sto	in Icd.
	14. FATHER'S NAME First Howard Thompson Julia Frances - Middle	owens.
thin nine page hou	16a. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Date 1.2 ADDRESS	Item 13.
ite should be executed with the word "pending" in pe to the Chief Medical Exara burial-tronsit permit. File ind in ony event within 72	18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET, AND DEATH
edice edice wit	IMMEDIATE CAUSE (a)	goddan.
e ex pend ef M sit p	Conditions, if any which gave) The Cores ary Arterio Selerosis -	Years.
Id b rd " Chii tron	conditions, it anyl which gave rise to immediate cause (a), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	/
theu the the urial	last.	
This certificate should be executed icote, writing the word "pending" in be forworded to the Chief Medical Ed be used as a burial-tronsit permit. For removol, and in ony event within	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
ertifi vritir word ed c	19a. Date of Operation 19b. condition for which operation	20. AUTOPSY?
his certi ote, writ e forwoi be used	WAS PERFORMED?	YES X NO
o DEPUTY DICAL EXAMINER: This certificate is necessory, please execute the certificate, writing the the funeral director. Page 4 should be forwarded to 5 may be retained for your files. 5 FUNERAL DIRECTOR: Page 3 should be used as a b Health prior to burial, cremation, ar removal, and	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED? 21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21d. INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street) 21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street)	8.)
bical Examiner: se execute the cert extor. Page 4 should ned for your files. tector: Page 3 shou	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At hame, form, street, factory, affice building, etc.) 21f. LOCATION Street or R.F.D. No. (ity or Town Co	ounty State
AL EXA execute or. Page of for you TOR: Pag	22a. I certify that I taak charge of the remains described above, held an Autopsy 💢, Inspection 🦳 Inquiry 🖄,	and in my apinian
Se extornation need	death resulted fram: Natural causes 🔀, Accident 🗌, Suicide 🔝, Hamicide 🔲, Undetermined manner 🔲	
pleose directive retoine or to b	ACTUAL CHIEF MEDICAL EXAMINER COL PATE CICAL	D 100 1
UTY, ory, eroll be pri	SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER L	16,1969
o DEPUTY DOCAL EXAM necessory, please execute the funeral director. Page 45 may be retained for your o FUNERAL DIRECTOR: Page Health prior to buriol, crem	EXAMINER'S NAME (Type) JOHN G. BALL ADDRESS(Street, city, town, or county) Bethesds	
TO The the He	230. BURIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City of Town) (Court	nty) (Stote)
	Burial 3-19-69 Baltimore Natl Cem. Baltimore, Mary	
VR ATSME (5)	ROBERT A. PUMPHREY, Bethesda, Maryland 250. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNAL AND	
10M REV. 1/68	ROBERT A. PUMPHREY, Betnesda, Mary Land MAR 2 4 1969 golianles	MARIE .

THE RESERVE OF THE CONTRACT OF THE PARTY OF TO SHEET, THE PARTY OF THE PART

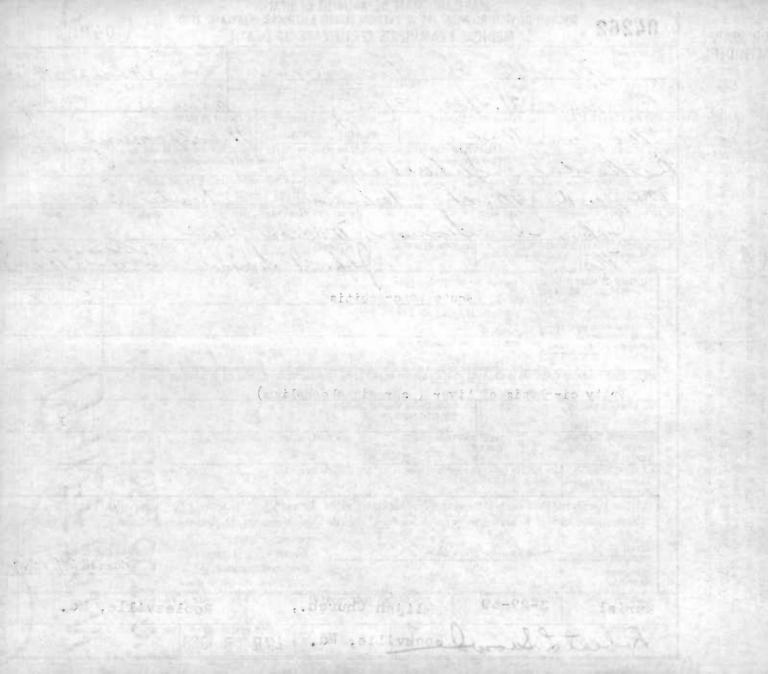
DESMIN. an se 0.3 8* BULGOTTO OFFICE 4. Constitution of the contract of the capital ca Secretary of the second the same of the same was the first first to the same of the same o Terror very the lead of the control of the state of the s Tanning 3-13-09 corocutos to women to 13-09 contrata depert a Furmorey 7517 miss, me bett, Mail



\ .	1	DIVISION OF VITAL PROPERTY OF STREET PAINTENING OF MARKING OF STREET	
X		04261 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	04253
		CERTIFICATE OF DEATH	66250
€ 5 €		DECEASED-NAME First Middle Lost 20. DATE OF DEATH (Type or print) O Month D	2b. HOUR
unerol and and are death		Bessie Edith Trainer March	Yeor M
in i	3. S	SEX 4 RACE S. DATE OF BIRTH 6. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 NRS.
aft the the s af		F W 4-13-85 lost birthday) YRS	MONTHS DAYS HOURS MIN
by Pours	70.	DIDTUDI ACC (Sanda or Control of MULTI COUNTRY OF	
24 hours after death ed in by the funeral appers. Pages and 72 hours after death		Intry)	
24 ope	10	110010900000	Md.
within bon po	~	CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address) 120. USUAL OCCUPATION (Kield of work done give street address) 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	12b. KIND OF BUSINESS OR INDUSTRY
completely with wave cdroon by event, with	10	IAROMA TORN WOSDINGTON SANEHOSPITO HOUSE WITE	None
2 - 2 - E	130. odm	. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. HISTOR CITY LIMITS? 13e. STREET AND NUMBER nission) STATE	101
d comple		nission) STATE Md. 136 MONTAgamery A Sandy Social No 1740/ North	wood Road
255	14.	FATHER'S NAME First , Middle , Lost , 15. MOTHER'S MAUDEN NAME First Middle	Last
be rain din		Joseph Ward Margaret Frazier	
rie ciar ciar on c	160	2. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT	
ifice ifice al,		Yes, no, or unknown) (If yes give wor or dates of service) Unknown Hospital Record	
cert p pl her nov		18. CAUSE OF DEATH (Enter only ane couse per line for (a), (b), and (c).)	APPROXIMATE INTERVAL
ding in the second in the seco		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of the bladder	BETWEEN ONSET AND DEATH
dea rmil , or			
be of tion		DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave	
t the part the most t		rise to immediate cause (a) (D)	
trol		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
ries riol- iol,		last. (c)	
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after etained by the hospital or attending physician. CTOR: After this certificate has been signed by the ottending physician and completely filled in by the fur should be detached for use as the buriol-tronsit permit. Then pleose remaye actron popers. Pages with the State Dept. of Heolth prior to buriol, cremotion, or removal, and in any event, within 72 hours after		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
ing ing een the to	3	hemenhage from bladden	
lay end s be s be rrior	CERTIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS	CONSIDERED IN CERTIFYING
The aft has see the	Ē	YES NO CAUSES OF DEATH?	
o or after use of the colline of the		21a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 22a. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 22b. TIME OF INJURY 2bb. TIM	, Item 18.)
音音音 音子	MEDICAL	CONTRIBUTING CAUSE OF DEATH HOUR A.M. Manth Doy Yeor	
vosp cert hed	MED	21d. INJURY OCCURRED 21e. PLACE OF INJURY / AT HOME, FARM, STREET, FACTORY, 121F, LOCATION Street or R.F.D. No. City of Towns	County State
S PHYSIC the hospit this certi detached e Dept. of		The state of the s	County Stute
by the hospital by the hospital fer this certificate be detached for State Dept. of He		at work at work 10 (this bespital) attended the descend from	0/9 4 100
After Policy		22a. I certify that (I) (this hospitol) attended the deceased from	7 , thot (I) (we) last
R. He		causes stated above, (I) (we) (did) (did not) view the body after death.	ore and nour ond from the
sh CCC		22b. SIGNATURE 22c.	. DATE SIGNED
OR ATTENE be retained DIRECTOR: A e 3 should ed with the		M Snow M.D. DEGREE PHYS. DIRECTOR DIREC	3-1669
A L D		22d PHYSICIAN'S 22e ADDRESS	7-01
mom mo		NAME (Type) M. SNOW MD 9013 Flower and	Silver Spine
Poge 4 may be retained by the hospital or To FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for us should be filed with the State Dept. of Healt	230	BURIAL CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town)	(County) (State) Trial
Pog Hogarie	-	REMOVAL Specify Mar 7.1969 arlington Memorial Park Whitehall Tu	rester The
	24.	SUBERAL DIRECTOR / (II 250. REC'D BY REGISTRAR 25b.	S SIGNATURED
VR A15 (4) A	13	Macaters flowe at 4 Correct 21. 4, W MAD 7 4000 1000	avery years
43/41 - 1/ 09	KE	Contract Uditore' Was kinglen to C 20012 DATE WIAM 1 1999 1	0

PATRICAL STATES		* 15
3		
		The second
	4. 引导发生的发	
	State Section	

1	1	MARYLAND STATE DEPARTMENT OF HEALTH	
 '		04262 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	010=1
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	04254
HEALTH DEPT.	1. 0	DECEASED-NAME First Month Type or Print) 2a. DATE KNOWN Month OF ESTI-	Day Year 2b. HQUR
is of of of	,	Type or Print) Terrille & Lewman DEATH MATED MA	m2221969425M
± ° 3 ≤	3. 5	EX 4 RACE S. DATE OF BIRTH 6. AGE (In years 1 FUNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD	2d. HOUR
de		1- Newho 3/14/22 37 YRS. MONTHS DAYS HOURS MIN. Month Day	Year 1969 450 M
Jny delcond	7o.	BIRTHPLACE (Stote or Josegn 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH	
- E (& 3)	cour	nity) m b 1 71 5 4 MIDOMED D DIVORCED D TO	, and
th for the state of the state o	10.	CITY, OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION KNOW of wark done	12b KIND OF BUSINESS OR
offer death along with the Star	1	give street address during most of working life, even if retired.)	MOUSTRY
Sive Br	130	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13 CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER	
s often 18. Gi along with death	1	Continue of 135.794NTV and Toolsmille YES NO I houte	7 6
This certificate should be executed within 24 hours ofter death icote, writing the word "pending" in pentithin Item 18. Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with farm 18 be used as a burial-transit permit. Fits pages land 2 with the State De or removal, and in any event within 72 hours after death.	14.	FATHER'S NAME First Middle Lost U.S. MOTHER'S MAIDEN NAME First Middle	Lost
the lar		() 1	6031
within 24 h waminers of commers of the pages 1172 hours a	160.	WAS DECEMBED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 10 INFORMANT ADDRESS	1
within 24 pentithin xaminers rife pages 72 hours	((es, no, or unknown) (If yes give war or dates of service)	and dilla
in Kage		francis de la company	APPROXIMATE INTERVAL
ling" in edicol E ermit. F		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	BETWEEN ONSET AND DEATH
executed nding" if Medicol permit.		IMMEDIATE CAUSE (o) Acute pancreatitis	2 webs
be exe "pendi hief Me onsit pe		DUE TO, OR AS A CONSEQUENCE OF Canditians, if any, which gave	
Lhie ron:		rise to immediate couse (a)	
ony		stoting the underlying cause DUE TO, OR AS A CONSEQUENCE OF	
should be e ne word "per to the Chief I buriol-tronsit I in ony even	18	last. (c)	
ote sho g the w ed to th s a buri and in		PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
iffico iting arde arde arde arde	No	Fatty cirrhosis of liver (chronic alcoholism)	
is certificate, writing forward to used o removal.	S	190. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY?
his certi ote, writ e forwal be used	CERTIFICATION		YES NO 🗆
+		210. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING 21b. TIME OF INJURY Month, Doy, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, HOUR A.M.	Item 18.)
XAMINER: te the certi ge 4 should your files. oge 3 shau cremotion,	MEDICAL	CAUSE OF DEATH P.M. 19	
The star fire and an anomal and anomal and anomal and an anomal anomal and anomal anomal and anomal	W	21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, white many white many many white factory, affice building, etc.)	County State
DICAL EXAMINER: This certificate should be execute se execute the certificate, writing the word "pending" ector. Page 4 should be forwarded to the Chief Medical ined for your files. VECTOR: Page 3 should be used as a burial-transit permit o burial, cremation, or removal, and in any event with		AT WORK AT WORK	2711
Po Po for JR: I al, ial,		22a. I certify that I taak charge of the remains described above, held an Autopsy 🔀, Inspection 📭, Inquiry [💢, and in my apinian
bull bull		death resulted fram: Natural causes 🔯 , Accident 🔲 , Suicide 🗍 , Hamicide 🔲 , Undetermined manner	r 🗌
pleo se l'directer retoiner DIREC		CHIEF MEDICAL EXAMINER	
y, ple erol di se reto prior			TE SIGNED
ory ner be ER/		EXAMINER'S DEPUTY MEDICAL EXAMINER D	rasek 24, 1969
ro DEPUTY EDICA necessory, pleose ex the funeral director. 5 may be retained for FUNERAL DIRECTO Health prior to bur		NAME (Type) ADDRESS(Street, city, tawn, or county)	
TO DEPUTY EDICAL EX necessory, please execut the funeral director. Pag 5 may be retained for y TO FUNERAL DIRECTOR: PHealth prior to burial,	230	Burnal (Remation, 233 DAN 7-69 23c. NAME OF CEMETERY OF (REMATORY), 23d. LOCATION (Giv or Town) 11	(County) (State)
	24.	FUNERATOR STATE OF THE PROPERTY OF THE PROPERT	0 0
VR A15ME 5		Mobert L. Suow & Bockville, Md. DAMAR 28 1969 Than	who younger
1/1/2			



		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		11/1/26 2	04255
HEALTH DEPT.		DECEASED-NAME First Middle Last UNGER 2a. DATE KNOWN Manth	Day Yeor 2b. HOUR
ay is 3 to Poge Poge	1	DEATH MATED X 3	12 1969 / AM
y delay ond 3 PM3. Po	3. S	SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 12 FER) 10st birthdry) MONTHS DAYS HOURS MIN. DAYS MONTHS AND AGE (In years IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 1 =	2 Year 1969 7 A M
s 1, 2, orm Form F		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH MIDOWED DIVORCED MONTH OF THOMAS	m</th
Give Pages 1, 2, and 3 ong with form PM3. Po ith the State Department oth.		Bethes de. give street address 39 Anniston Rd during most of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION
0 00 75 = 3\0		. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before 13c. CITY OR TOWN odmission) STATE Mol. 13b. COUNTY Montgomesy Bethesda YES 10 NO 5939 Annis	iton Rd.
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	14. F	FATHER'S NAME First Middle Last IS. MOTHER'S MAIDEN NAME First Middle CLATA OF THE STANDARD FOR MIDDLE STANDARD FOR MIDLE STANDARD FOR MIDDLE STANDARD FOR MIDDLE STANDARD FOR MIDDLE ST	Smink
d within 24 n pencil in Exominer's File poges n 72 hours		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, na, ar unknawn) (If yes give wor or dates al service) (If yes give wor or dates al service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Therefore, Williams	fort lana
shauld be executed a word "pending" in the Chief Medical Es urial-tronsit permit. Fi		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: HMMEDIATE CAUSE (a) COSONDEY FIRST LINES (b) COSONDER FIRST LINES (c) DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH SUGGETHER
		Conditions, if any, which gave rise to immediate cause (a), (b) Cardio Vasculat Disease	years.
V W O O		last. (c)	
ficate ing t ded ded os o 1, on	×	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
for em	CERTIFICATION	196. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20. AUTOPSY? YES NO NO
INER: This e certificate, should be fo files. 3 should be a attion, or ren	MEDICAL CER	21a. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M. 19 21b. TIME OF INJURY Month, Day, Year HOUR A.M. P.M. 19	m 18.)
CAL EXAMINER: execute the cert or. Poge 4 should de for your files. CTOR: Poge 3 shou	ME	21d. INJURY OCCURRED WHILE AT WORK AT WORK 21e. PLACE OF INJURY (At home, form, street, foctory, office building, etc.) 21f. LOCATION Street or R.F.D. Na. City or Town	County State
ical E) execution. Pog ed for) CTOR: P		22a. I certify that I taak charge of the remains described obave, held an Autapsy, Inspection 之, Inquiry 之	, and in my apinian
please e director retained. DIRECT		deoth resulted from: Natural causes . Accident ., Suicide ., Homicide ., Undetermined manner .	
5 = E /		SIGNATURE	IGNED ch 12, 1969
o DEPUTY DIO necessary, please the funerol direct 5 may be retained 0 FUNERAL DIREC Health prior to b		NAME (Type) ADDRESS(Street, city, tawn, or county)	12,110
70 5 + 5 O H		FROVAL-BURIAL 3-13-1969 GREENLAWN MEMORIAL PARK CLINTON, LYCOMING	(County) (Stote) G Co., PENNA.
VR A15ME (5) 10M REV. 1/68	24.	FUNERAL DIRECTOR GAWLER'S SONS, IN CADDRESS 30 WISC, AVASSO, RECD BY REGISTRAR 1989 TOSE PH GAWLER'S SONS, IN CADDRESS OF DATE WAR 17 1989	

		HOMITAN THE			CAS	SQ.
	A.E. Bar Selvin			215		
	- 90 TAMET		utini ng 250			
		de Prost	B. The anter			
	Clara		NaW-5			
the way have to the him						
			214,60			
	Arginal I					
	No.					

3 1		04264	DIVISION OF VITAL RECORDS,	301 W. PRE	EPAKIMENI OF STON STREET, BAL TE OF DEATH	TIMORE, MA	RYLAND 21201	0425	3
er death. funeral 1 and 2 ier death.		ECEASED-NAME Firs			Lost	2a. DATE OF	Month Day	196 ^{Ygar}	2b. HOUR 530A M
offer has fur	3. S	MALE	4. RACE CAUCASIAN	S.	DATE OF BIRTH 6 AUGUST	1063	6. AGE (In years last birthday) 5 YRS.		F UNDER 24 HRS. HOURS MIN
24 haurs after death funeral pers 29 1 and 27 hours after death	7o.	BIRTHPLACE (Stote or foreign ntry) CALIFORNIA	7b. CITIZEN OF WHAT COUNTRY? U.S.	WIDOWED _	NEVER MARRIED NO DIVORCED	9. COUNTY OF			Md.
27		TITY OR TOWN OF DEATH BETHESDA	11. NAME OF HOSPITAL OR IN give street oddress NAVA	L HOSPIT	AL during r	nost of working	(Kind of work done life, even if retired.)	12b. KIND OF BI	JSINESS OR
cample cample overgray y event	adm	MARYLAND	osed lived, if institution: Residence before 136. COUNTY St. Marys	13c. CITY OR TO		NO RT	REET AND NUMBER #2, BOX 10	7142	
be exe	14.	FATHER'S NAME First EUGENE K VRE	Middle Last DENBURG	1S. A	YOSHIKA I		Middle		Lost
hysician n pleas	160	WAS DECEASED EVER IN U.S. AF	RMED FORCES? I war or dates of service)	NO. 17. INFO	DRMANT		Address		
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician. • FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and cample of director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban placed with the State Dept. af Health priar ta burial, crematian, ar remaval, and in any event, within the state Dept.	Company of the Company	PART 1. DEATH WAS CAUS IMMED Conditions, if ony, which gave rise to immediate cause (o) stating the underlying cause last.	DUE TO, OR AS A CONSEQUENCE OF (b) POST-OP RI	GHT SUBO	LAVIAN ART			APPROXIMA BETWEEN ONS	TE INTERVAL FT AND DEATH
CIAN: The law rateding ar attending lifeate has been far use as the feelth priar ta	ICAL CERTIFICATION	190. DATE OF OPERATION 198 27MAR69 21a. ACCIDENT WAS UNDERLY 08 CONTRIBUTING CAUSE OF DE	ATH HOUR A.M. Manth Day Year	P 21c. HOW	20o. AUTOPSY? YES XX NO [INJURY OCCURRED (Ent	CAUSES		YES	TIFYING
PHYSIC the haspi this cert detached e Dept. a	MEDICAL	21d. INJURY OCCURRED 21. While Not while at work	e. PLACE OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.		TION Street ar R.F.D. N		ar Tawn	County	State
DR S S S S S S S S S S S S S S S S S S S		22a. I certify that (I) (t saw the deceased causes stated above 22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type) W. E.	his haspital attended the deceas alive an 28 MARCH ve. TX (we) (did) (MAXX) view the Share M.D.	ed fram 7 1 96 9, and t bady after de	ath.	MED. DIRECTOR	STAFF PHYS. \square 22c.	69 , that ite and haur a DATE SIGNED	
TO HOSPITAL (Page 4 may b TO FUNERAL D director, page shauld be file	L	NEMOVAL (Specify)	-1-69 Arli		Vational	Arli	ngton		(Stote)
VR A15 (4) 30M REV. 1/68	24.	FUNERAL DIRECTOR	Toin Aben Backe		d. ZSo. REC'D	BY REGISTRAR 3 19	69 2Sb. REGISTRAR'S	SIGNATURE SIGNATURE	pe. :

TANTA CONTRACTOR TO STATE OF THE STATE OF TH	The same				29270
THE COLUMN TO THE PARTY OF THE		11 - 12 - 25 - 1			
THE CONTRACT OF STATES OF STATES.		The same of the		The State of the S	
THE STATE OF THE S					
TRADANCE AND	12.00	to consultat		SELFLAUTED	MAL
AND THE STATE OF T					
SPECIAL SERVICES SERV		N. I BALLEY		.0.1	165
THE ATTEMPT OF THE STATE OF THE	4		GATZS LH C	AVAII	MEL MENT
			The Boots of		
		100	STREET, STREET,	Jul Madit	
TRAIGNIUS SI TERM MATYPESKUR WERTING A-MERK William Mark West State of the Angeles for Angeles					
			- Coaces vo	TOTAL STATE	
[12] [12] [12] [12] [12] [12] [13] [13] [13] [14] [15] [15] [15] [15] [15] [15] [15] [15	EV				
			Carlo Tipe	ishinday	
	r.	End Sant	mo and explan	min.	

79576

A THE PERSON AS A CONTROL OF THE WORK OF THE ACT OF THE PARTY OF THE PARTY.

	ASSENCE OF THE BOAR	in and addition, J.	
	SIRI os deriad	delinantel del	
	A PROPERTY OF THE SECOND STATE OF THE SECOND S	Sand of the Pinese	
		Labygeoli TavaV.	abounted
I shield good as	week and a	refei gostalijov 14	
KIRTHANA I		100 27 L	
andre di la constanti di consta	The A. C. Service Co. Service		
neund	and which with a bear and a second	Paradaosa era	
		dia w	
en eren en en			
Londy on Labora	es, Jarlanon Jeros	e il. Milmon, Jos., M.F.	
ing seed o	rollelai v _e u i mpO Ianolla Sissim a wana	Telegraph Rengalists	107-101

	A PARTICIPATION OF THE PARTICI		
		COME	
was a low		e caraci . 9.0	manager,
20.21	Ne same sayar .		ALC: UNK
.No artin on see			diagras
with the	AND THE RESERVE OF THE PERSON		a marketa
	The post-one		
N 79 10 32 5		olet.	
	en in o. I havet no	mean .U Jean	

* * * * * * * * * * * * * * * * * * *		C.C.	100		* " +	
	ALC YES	n.c. I		ou '		
Today Dilate					ni-i y	
		diam'r.				d
		36.1	Al-Jaolin	ink to		000 ៩៣៤៨
en con all b.			8			
	Circ			(AH)		
The second of any or		क् _र ्रेड	500	m 112		
19			03 (2)	oute l		
			· · · · ·			
			E . 200 A	a snot A		
E0 3		= c ,				
	· · · · ·				- ve	
	- 4 /1 -1		1		***	The second

estimate to receive	Control of the Long of the Lon		
	Children of the control		
The state of the s			the second second
	Habita and the same of the same of		
	Ant The same	Sec. 42 July 5 5 help	
	***	- V , Security -	
and a commentation of the			
Market Burkey Dr. (Male)	divinity of the same	75 73	
(ave) (ave) (ave)	AND THE COLUMN THE PRINTED IN VI	THE RESERVE AND A SECOND SECON	
CONTRACTOR OF THE WAR.		200	
6			
		* - 5 A 6	
	0, 1	Company Company	
	TO SHEET SHEET		
Company of the State of the Sta			
	STALL SEALING AND SERVICE		
		The same of the sa	
	Service of		
		-0.	
		The Part of the Part of the	MO 444 I I I S FILL I WAS IN
	ACTIVITY OF THE REAL PROPERTY.	Semme	
			THE PARTY SHOWS AND THE PARTY OF THE PARTY O

1/10/2009					CPAKIMENI OF H		- TAN		
	3	300 gms	olvision of vital records OF 04269		STON STREET, BALTII TE OF DEATH	MORE, MARYL	AND 21201	042	61
death.		ECEASED-NAME First	Middle	/	Last	20. DATE OF DEA	Month Doy	Yeor _	2b. HOUR
	3. SI		4. RACE NHITE	S.	DATE OF BIRTH 3/7/69		AGE (In years ost birthday)	IE UNDER I YEAR MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN
	70. coul		CITIZEN OF WHAT COUNTRY?	8. MARRIED WIDOWED	NEVER MARRIED S	O. COUNTY OF DEA		end	3
^	10. (BETHESDA	11. NAME OF HOSPITAL OR IT give street oddress)	NSTITUTION (If not in	n hospitol 120. USUAL	OCCUPATION (Kir st of working life,	nd of work done	12b. KIND OF INDUSTRY	BUSINESS OR
5	13o. odm		lived, if institution: Residence before 13b. COUNTY	13c. CITY OR TO	WN / 13d. INSIDE CITY LIM	1001 3111661	AND NUMBER	CASTE	R Rd.
	14.	ATHER'S NAME First	EARL WA	RD 15. M	OTHER'S MAIDEN NAME FIR		Middle	Wick.	Lost
		WAS DECEASED EVER IN U.S. ARMED es, no, or unknown) (If yes give wor o	FORCES? 16b. SOCIAL SECURITY dates of service)	' NO. 17. INFO	PRMANT MOTHE		Address	AME	
	N	PART I. DEATH WAS CAUSED & IMMEDIATE Conditions, if ony, which gove rise to immediate couse (a), stoting the underlying couse lost.	one couse per line for (o), (b), ond (c) Y: CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF (b) DUE TO, OR AS A CONSEQUENCE OF (c) TIONS CONTRIBUTING TO DEATH BUT I	Jun.	TE TERMINAL DISEASE OR CO	NOTITION GIVEN IN	PART I(o)	BETWEEN OF	AAJE INTERVAL NSET AND DEATH
<	CERTIFICATION	190. DATE OF OPERATION 195. CO	NOITION FOR WHICH OPERATION WAS P	ERFORMED	20o. AUTOPSY? YES NO NO	20b. IF YES, CAUSES OF	, WERE FINDINGS CO DEATH?	ONSIDERED IN CE	RTIFYING
	MEDICAL CER	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner	21b. TIME OF INJURY HOUR A.M. Month Doy Yeor P.M.	21c. HOW	INJURY OCCURRED (Enter	noture of injury in	Port 1 or Port 2, 1	Item 1B.)	
	ME	While Not while of work	ACE OF INJURY (AT HOME, FARM, STREET, F) OFFICE BUILDING, ETC.		TION Street or R.F.D. No.	City or T		County	Stote
		22a. I certify that (I) (this saw the deceased aliv causes stated abave, (haspital) attended the decease e an	sed fram 19 <u>,</u> and the bady after dea	natin (my) (aur) apin hth.	2_, ta <u>3</u> ian death accu	rred an the da	te and haur o	(I) (we) last and fram the
1		22b. SIGNATURE 22d. PHYSICIAN'S NAME (Type)	Drang.	LANDEGREE	ATTENDING ME DIR	D. ST RECTOR PH	AFF 22c. I	DATE SIGNED	69
	23a.	BURIAL, CREMATION, 23b. DAT REMOVAL (Specify)	1869 23c. NAME OF	CEMETERY OR CRE	MATORY Hospital	23d. LOCATION (C	ity or Town)	(County)	(Stote)
17	24.	FUNERAL DIRECTOR RS. Amala	arter Alm M	strator	DATEMAR		25b. REGISTRAR'S		

.

CT 1 TE DED 1 DE 11 ELLE

Passon and the second s

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04270 04262 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First Middle 20. DATE KNOWN (Type or Print) 3 to Poge EGNER Lamille DEATH MATED 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 24 HRS 2c. DATE PRONOUNCED DEAD 2d. HOUR 7a. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED K DIVORCED [Montgonzer in Item 18. Give Poges and 2 with the Stote 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 10. CITY OR TOWN OF DEATH 12o. USUAL OCCUPATION (Kind of work done Office along with 12b. KIND OF BUSINESS OR during most of working life, even if retired.) INDUSTRY 13d. INSIDE CITY LIMITS? 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13e. STREET AND NUMBER admission) STATE 13b. COUNTY Montainery Kensington YES NO 14. FATHER'S NAME 15 MOTHER'S MAIDEN NAME First WILLIAM FREDERICK EGNER MANSFIELD pencil 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS (Yes, no, or unknown) MRS ALBERT E. BEITZELL, SISTER 9 APPROXIMATE INTERVAL be executed 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c).) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Cerebral Hemorrhage Massive. IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gave Cardeo Kascular Disease _ 4 cais rise to immediate cause (o). This certificate should writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o) 0 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 20. AUTOPSY? WAS PERFORMED? execute the certificote, YES 🗔 21a. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) WHILE NOT WHILE 220. I certify that I took charge of the remains described above, held on Autopsy ... Inspection X Inquiry X ond in my opinion deoth resulted from: Notural couses 🕅 Accident Suicide Homicide Undetermined monner please CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE DEPUTY MEDICAL EXAMINER **EXAMINER'S** 5 moy TO FUNE Health NAME (Type) ADDRESS(Street, city, tawn, or county) 23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) REMOVAL (Specify)
Burial 3-5-1969 Cedar Hill Cemeterv Suitland, Prince Georges Wount 24. FUNERAL DIRECTOR JOSEPH Gawler's Sons, Inc., 5130 Wisc. Ave. 2Sa. REC'D BY REGISTRAR 25b. VR A15ME (5) Washington, D.C., 20016

MAKYLAND STATE DEPAKTMENT OF HEALTH

Rockville Md

VR A15 (4) 30M REV, 1/68

4	7	12	'n			
	ã,	G			è	1

				* * 5 * * * * * * * * * * * * * * * * *
		P. C. 115.0	IN	DAR.
1001,8	10001.2		931/0	s falloy
Yaano EdnoM				etienous IV
Bourselle		aimoniks		ockejliu
. A mers) by . V(I	Militarions	wy sodbij d	not	Luatem
unicedia.				
ethire-3222 marro ed. 11vo lun	W gorman			100
Sing 2 1 100 DO Sept 2 100 Sept 2	18			
			2	
	A STATE OF THE STA			
		No contract		
		·	or . Rob	£6.
ralimete, virelula	fanbitan'i w	don't Pi	3/24/200	icly.
	exits ellivib		on become	2910 m

					Λ	ARYLAND STAT	E DEPARTMENT O	F HEALTH	
1	1			01000	DIVISION OF VITAL	RECORDS, 301 W.	PRESTON STREET, BA	ALTIMORE, MARYLAND 21201	04264
		7-34		04272	,	CERTIF	ICATE OF DEAT	H	04204
	. 2	ė		CEASED-NAME First		Middle	Last	2a. DATE OF DEATH /7	2b. HOUR
5	funerol	ear	(1	ype or print) ELLL	5	C. (JEAKLEY	Manth Doy	1905 9 944 M
,	in the second	o Je	3. SI		4. RACE		S. DATE OF BIRTH	6. AGE (In years last birthday)	IF UNDER 1 YEAR IF UNDER 24 HRS.
4	executed within 24 hours after death and completely filled in by the funerol emove corbon papers. Pages 1, and 3	LD-S		m	WHIT	-5	12-9.	-99 last birthdoy)	MONTHS DAYS HOURS MIN
	A A	000		BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT COUN	TRY? 8. MARRIE	D NEVER MARRIED	9. COUNTY OF DEATH	
	d ip		COU	VA.	USA.	WIDOWE		MORTGOME	KY Md.
	e death certificate-be executed within 24 attending physicion ond completely filled i sermit. Then please remove corbon papel	burial, cremotion, or removal, ond in only event, within 78		ITY OR TOWN OF DEATH	aive etenat ade	OSPITAL OR INSTITUTION (I	f not in haspital 120.	USUAL OCCUPATION (Kind of work done	12b. KIND OF BUSINESS OR
	ely bon	368		SILVER SPRING	MD.	HOLY CRO	ss dasp	g most of working life, even if retired.)	Printing
3	cor	ent	13o. adm	USUAL RESIDENCE (Where deceosission) STATE	ed lived, if institution: Resi	dence before (13c, CITY		NOT 12 - 3 1	
	com	6/ D		M.D.	11/8/07		51111	- 12,000 PINING	STON JI-
		10 1	14.	ATHER'S NAME First	Middle	Last	1S. MOTHER'S MAIDEN NAI	ME THE	Lost
	on on	bu	160	Acre We Was deceased ever in U.S. Ari	earley list on	CIAL SECURITY NO. 11	Elizab LINFORMANT	eth Broyles Address	Wheaton
	OK ALLENDING PHYSICIAN: the low requires that the death certificate—be be retained by the hospital or ottending physicion. SIRECTOR: After this certificate has been signed by the attending physicion of e.3 should be detached for use as the burial-transit permit. Then please in	0,0	100	es, no, of unknown) (If yes give	ent or dates of service)	1-03-8333A	Ethel B. We	akley-12203 Living	ston St. Md.
	ph hen	0		18. CAUSE OF DEATH (Enter or					APPROXIMATE INTERVAL
4	ding .	Len		PART 1. DEATH WAS CAUSE	D BY: AC11+	e myacaro	dial infan	ction posterior	BETWEEN ONSET AND CEATH
- 0	attendi permit.	, 0,		4109 IMMEDI			rai inidi	artery.	
-	the a	101		Conditions, if ony, which gove	DUE TO, OR AS A CON		relucien	right coronary	
	y th	o E B		rise ta immediate cause (a),	DUE TO, OR AS A CON	SECULENCE OF	cluston,	right corenary	
	equires that the physicion. signed by the burial-tronsit	5		stoting the underlying couse			otic heart	disoreo	
	hysi gne uria	210						ORCONDITION GIVEN IN PART 1(a)	
	e b	0						``	
	ndir bee	101	TION	19a. DATE OF OPERATION 19b.	CONDITION FOR WHICH OPER	ATION WAS PERFORMED	20a. AUTOPSY?	20b. IF YES, WERE FINDINGS (CONSIDERED IN CERTIFYING
-	O HOSPITAL OR ATTENDING PHYSICIAN: The low re Poge 4 moy be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been director, poge 3 should be detached for use as the	n p	CERTIFICATION				YES 🔀 NO	CAUSES OF DEATH?	
	or or us	eolt		210. ACCIDENT WAS UNDERLYIN	IG 21b. TIME OF INJURY	21c.	HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2,	Item 18.)
	A life of the state of the stat	T C	MEDICAL	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M. Manth	Day Year			
2	rer che	pt.	ME	21d INITIPY OCCUPRED 21e	PLACE OF INJURY (AT HOME,	FARM, STREET, FACTORY.) 21f.	LOCATION Street or R.F.D.	. No. City or Town	County State
2	the state of the s	e C		at wark at wark					
	be fre	Stat		22a. I certify that (I) (#	is hospital) attended	the deceased from_	, 1	9 <i>60</i> , ta <i>MARCH 24</i> , 19 apinian death accurred an the do	by, that (1) (we) last
	R: A	The The		saw the deceased o	e, (I) (we) (did) (did no	t) view the bady after	ind that in (my) (sor) er death.	apinian death accurred an the ac	ate and haur and tram the
	Sho Sho	€ ,		22b. SIGNATURE		., , , , , , , , , , , , , , , , , , ,		22c.	DATE SIGNED
5	BE CE	× 0		Edund li	Deenan	M.D. DI	GREE PHYS.	MED. STAFF PHYS. D M.	ARCH 24, 1969
-	AL oog	# #		22d. PHYSICIAN'S	A RE	EMAN	22e. ADDRESS	1015 SPRING ST.	
	ERA Or, 1	d b		NAME (Type) EDW/	PRD A. BE	EINIAN	SI	LVER SPRING A	17 20910
	Pect Pect	no	230		DATE 2	3c. NAME OF CEMETERY	OR CREMATORY	23d. LOCATION (City or Tawn)	(County) (State)
9	TO HOSPITAL OR ATTENDING PHYSICIAN: the low requires the Poge 4 may be retained by the hospital or ottending physicion. TO FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 should be detached for use as the burial-from	2		REMOVAL (Specify) Ma	rch 27, 1969	Burtonsvil	le Cemetery	Spencerville,	
		15 (4) V. (788)		FUNERAL DIRECTOR	eth 84	34 Appelosegia	Avenue 25a. REG	CD BY REGISTRAR 286. REGISTRAR'S	SIGNATURE
	30M RE	V. 1888	W	arner E. Pumph	rey, Inc. Si	lver Spring	. Md. DATM	AN 20 1009 A	

wall, left ventricle.

cute mvecar ial infarction posterior

artery.

Tronbotic occlusion, right coronary

rteriosclerotic heart disease.

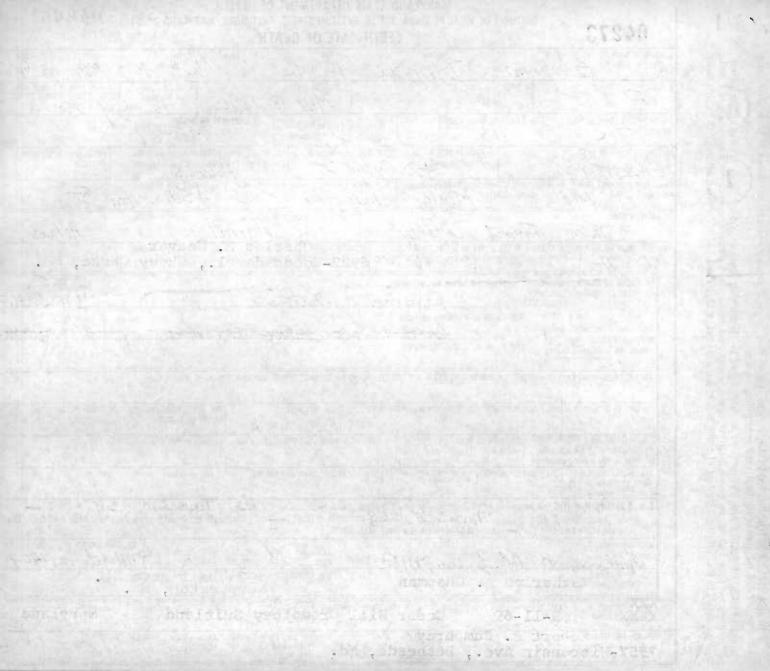
the first term of the second s

the state of the same and the same of the

produced to the speciment, and the speciment histories

sommer Rentality

"hertists" his utachan



					TATE DEPARTMENT (
10			DIVISION OF VIT		W. PRESTON STREET, E		21201	01000
10		04274		CEF	TIFICATE OF DEAT	TH		04266
÷ -2÷	1. D	CEASED-NAME First		Middle	Last	2a. DATE OF DEATH		Year 2b. HOUR
er deoth. funerol 1 ond 2	1	ype or print)	lam	Carald	wilkes	Monti		Year 1969 12 PM
fun	3. S		4. RACE	0 101	S. DATE OF BIRTH	6. AGE (I	1 2	FUNDER I YEAR IF UNDER 24 HRS.
hours after d n by the fun s Pages 1 o hours after d		male	whil	e	1-28-	h h	thday) YRS. M	ONTHS DAYS HOURS MIN
10 pp	7a.	BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT C	OUNTRY? B.	MARRIED NEVER MARRIED	9. COUNTY OF DEATH		
d in Pers		New York	45A	W	DIVORCED	montgo	mer	/ Md.
hin fille	10.	ITY OR TOWN OF DEATH	11. NAME (give street	OF HOSPITAL OR INSTITU	ION (If not in hospital 12a.	USUAL OCCUPATION (Kind of ing mast of working life, eyen	work done	12b. KIND OF BUSINESS OR INDUSTRY
with with with with with with with with		rakoma Park	Wash	rington San	.tarium & Hoopite	al Kehred Pre	LOSman	INDUSTRY
OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after deoth be retained by the hospital or ottending physicion. **INRECTOR:** After this certificate has been signed by the ottending physician and campletely filled in by the funeral e 3 should be detached for use as the burial-transit permit. Then please remave carbon papers—Pages, I and 2 ad with the State Dept. of Health prior to burial, cremation, ar remaval, and in any event, within 77 hours after death	13o. adm	USUAL RESIDENCE (Where deceosission) STATE	13b. COUNTY	V	CITY OR TOWN 13d. INSIDE	NO 6415 K	NUMBER no IIbro	ak Drive.
ond cremo	14.	ATHER'S NAME First	Middle	Lost	15. MOTHER'S MAIDEN NA	ME First Margare	Middle	Allentos
be n or se r d in		Gerald	3	wilkes		-==		Henkmalaz
physician pleose oval, and	160	WAS DECEASED EVER IN U.S. ARM	ED FORCES? 16b.	SOCIAL SECURITY NO.	17. INFORMANT	1.1 = 1	Address	" 1 /
over 4	-	10 61465 00 00111 15		77-30-671	2 Records - W.	eshington Deni	tarium	APPROXIMATE INTERVAL
ottending ottending permit. Th		 CAUSE OF DEATH (Enter and PART I. DEATH WAS CAUSED 	BY:		.0			BETWEEN ONSET AND DEATH
dea frem rmit r, ar		IMMEDIA	TE CAUSE (a)	roise fee	Witte.			acile
the e of		Conditions, if ony, which gave	DUE TO, OR AS A	CONSEQUENCE OF	hant him	E. A.V. Blood	~ 1.0	1 000
y th y th inside		rise to immediate cause (o),	DUE TO, OR AS A	CONSTRUCT OF	per disease	E 11,0, 0000	- 4 fair	d God.
The low requires that the ottending physicion. has been signed by the cse as the burial-tronsit phy prior to burial, cremotio		stating the underlying couse last.	, united /	arlen				2 duy.
quir phys igne igne ourio		PART 2. OTHER SIGNIFICANT CON	17		LATED TO THE TERMINAL DISEASE	OR CONDITION GIVEN IN PART	1(a)	
ng ng l	Z							
The low rotending oftending has been se as the h prior to	CERTIFICATION	19a. DATE OF OPERATION 19b. (ONDITION FOR WHICH O	PERATION WAS PERFOR	MED 20o. AUTOPSY?			SIDERED IN CERTIFYING
The off has	RTIFI				YES N	CAUSES OF DEATH	!?	
AN: Il or cate or u		21a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH	G 21b. TIME OF INJU HOUR A.M. Me	JRY anth Doy Year	21c. HOW INJURY OCCURRED	(Enter noture of injury in Port	or Part 2, Iter	n 18.)
SICL prite of f	MEDICAL	(If either, natify medical exomin	er) P.M.	19				
Page 4 may be retained by the haspital or TO FUNERAL DIRECTOR: After this certificate director, page 3 should be detached for u shauld be filed with the State Dept. of Healing	W	21d. INJURY OCCURRED 21e. While Nat while at wark	PLACE OF INJURY (AT H	OME, FARM, STREET, FACTORY, E BUILDING, ETC.	21f. LOCATION Street or R.F.D.	D. No. City or Town		Caunty State
NG W th W			s hospital) attende	od the deceased for	am Jan	1967 to 1000 V	P 19 6	9 that/(I) (wa) last
ENDI ned b R: Aft old b the St		220. I certify that (I) (thi saw the deceased ol causes stated above	ive on 200	not) view the had	and hat in (my) (our)	opinion deoth accurred	on the date	ond hour ond from the
ATTENE estoined CTOR: A should ith the		22b SIGNATURE	(I) (we) (ala) (ala	nory view me bad	diei dediii.		22c DA1	'E SIGNED
OR De re		7 zwelle	Deron	10	DEGREE PHYS.	MED. STAFF PHYS.	0 3	26/69
O HOSPITAL OR ATTENI Page 4 may be retained O FUNERAL DIRECTOR: A director, page 3 should shauld be filed with the		22d. PHYSICIAN'S NAME (Type) ER NE	CTA SAR	LAO M.D	22e. ADDRESS 7006 (US		Aug T	Along Parek ho
NER ITON,							HUE !	
O HOSPII Page 4 m O FUNER/ director,	23a.	BURIAL, CREMATION, 23b. D	/29/69	Wash No	TERY OR CREMATORY	23d. LOCATION (City or Suitland	Town)	(Caunty) (State)
00	24	FUNERAL DIRECTOR Nall	avis Fune	TA ADDRESS WIT	Rainier 25a. RE	C'D BY REGISTRAR 25h	REGISTRAR'S SIG	NATURE
VR A15 4 45M - 1269		Home Inc.		Mary	land DAAP	1000		La Usadaa

7 1	0427	5 DIVISION	OF VITAL RECORDS,	301 W. PRESTON STREET, BAL		04267
meral and 2 death.	DECEASED-NAME (Type or print)	First Walter	Middle L.	Wilkins	20. DATE OF DEATH 3 Month 3/ Do	y 69 Year 2b. HOUR 5:45 P.M
hin 24 hau's after of filled in by the fem n papers. Pages 1 of ithin 72 haurs after of	3. SEX Male		White	5. DATE OF BIRTH January 21,		MONTHS OAYS HOURS MIN.
24 hay ed in bapers.	70. BIRTHPLACE (Stote Syntry) Washingto 10. CITY OR TOWN OF	n. D.C.	OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED DIVORCED DIVORCED	9. COUNTY OF DEATH Montgomery	Md.
campletely filled nave carbon papery event, within 77	Silver S	pring	11. NAME OF HOSPITAL OR INS give street address) (arriage Hil	U Nursing Home R	JAL OCCUPATION (Kind of work done most of working life, even if retired.). et. reasurer-far	12b. KIND OF BUSINESS OR INDUSTRY LIST Co.
executed value of the complete remaye carling any event,	odmission) STATE		NIY Egomery	DILLUER SPRING ~	1607 South	Springwood Dr.
ate be exec	14. FATHER'S NAME		ilkins	15. MOTHER'S MAIDEN NAME Catherin	e M. Dieste	Lost
physician physician pease oval, and i	Yes, go or unknow			Jung	hter) Address se A. Emmell-1903	East West Harry
at the death or the attending rsit permit. The matian, ar rem	Conditions, if or rise to immediately under the under th	y, which gove (b) (b) ote couse (o), erlying couse (c)	OR AS A CONSEQUENCE OF	morary edimongestire franchiste for	T failed.	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH - APPLICATION - APP
AN: The law requal are attending phicate has been signor use as the bur Health priar ta bur	PART 2. OTHER 190. DATE OF OPE	ednal per	TRIBUTING TO DEATH BUT NO	T RELATED TO THE TERMINAL DISEASE OR 10 - 30 - 68. FORMED 200. AUTOPSY? YES □ NO □	20b. IF YES, WERE FINDINGS (ONSIDERED IN CERTIFYING
PHYSICIAN: The law re he haspital ar attending this certificate has been letached for use as the Bept. af Health priar ta	OR CONTRIBUTING (If either, notify 21d. INJURY OC	medical examiner) HOUR	P.M. 19	21c. HOW INJURY OCCURRED (Ent	er noture of injury in Port 1 or Port 2,	Item 18.) County Stote
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires the Page 4 may be retained by the haspital ar attending physician. TO FUNERAL DIRECTOR: After this certificate has been signed by directar, page 3 shauld be detached for use as the burial-transhauld be filed with the State Dept. af Health priar ta burial, cre	While Not we of work of w	that (I) (this hospital) deceased alive an tated abave, (I) (we) (attended the decease 3 - 2 2 19 did) (did not) view the b	d fram Markh , 19.4 06.2, and that in (my) (our) o p ady after death.	inian death accurred an the do	69 that (I) (unblace
TO HOSPITAL (Page 4 may be to FUNERAL Dedirector, page shauld be file	230. BURIAL, CREMATI	April 3,	1969 Gate 0	EMETERY OR CREMATORY † Heaven Cemetery		(County) (Stote) Montgomery Md.
VR A15 V4 45M · 1 88	24. GUNERY BIRTO Warner E.	- /HEW		rgia Avenue 250. REC'D pring, Md. DATE AP	BY REGISTRAR 2Sb. REGISTRAR'S R 7 1969 JCLIS	SIGNATURE Judge

				27840
		Labora .		
	100 100 1000 1000 1000 1000 1000 1000		400	
	March Mil			. T. T. and Stille
Saltaid Wald	A PARTERIAL A	Charles in the Same	in spained in	Siture print
of bonnyistate		S Suited and St.	and applying	
	Marida	n G-5/05/2	Sold State	
			askak D	nus 3
	ne m			totan u

MAKILAND STATE DEPAKTMENT OF HEALTH

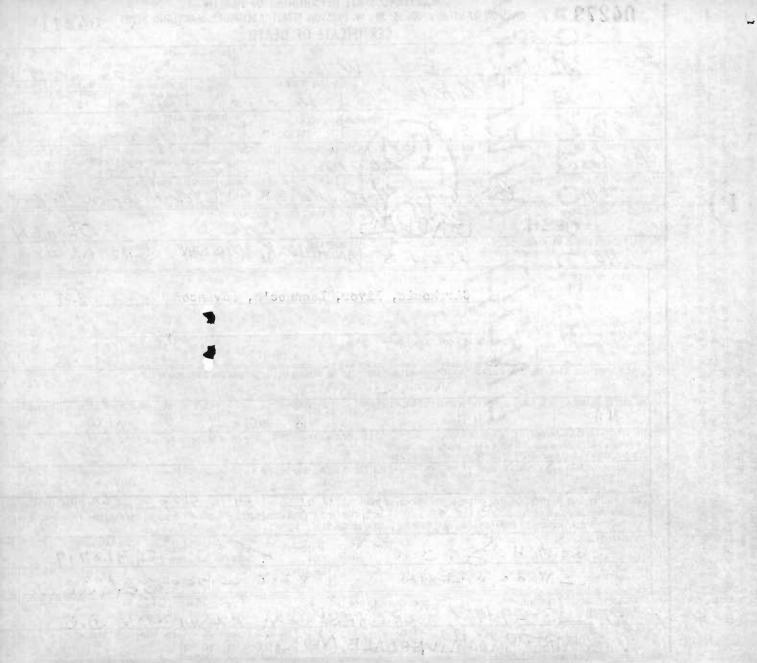
RIATE TO TRADETIE

Lucion de la companya Na companya de la companya de nan reine zurane 21 meteorie eskin meteo Historia eralaria bera

The state of the s	Lity sistemas mercel
entra sema	
THE OSLAND COMMEN	
stofferoff in a south a south	Olany Sandardinak
1.12 * A	C. LA COLLEGE STATE OF THE STAT
undresh Mindruces	preffit total
Now appelenance appelling the outliness	3075-51-315
Stand to an arms of present and the ballion	
e l'original de la company	LIGHT CONTRACTOR OF THE STATE O
	And the second s
THE AMERICAN STREET	
And the Control of th	

MAKTLAND STATE DEPAKIMENT OF HEALTH

		1	01050		MAKTLA	ND STATE I	DEPARIMENT OF	HEALTH			
			04279	DIVISION	OF VITAL RECORDS	, 301 W. PR	ESTON STREET, BAL	TIMORE, MARYL	AND 21201	0427	4
r1	No.						ATE OF DEATH			0121	1
-	1.	1 D	ECEASED-NAME F	rst	Middle		Last	2a. DATE OF DEA	TO		Lai uaua
ath	at g		ype ar print)	1/2.1	Middle	1.1		2d. DATE OF DEA	Manth Day	Yeor	2b. HOUR
p	Tuneral 1 and 1er deat	0.0	7117	OREC		w,	150m		3 - 2	6-69	14-1
s after	ages ages s afi	3. SI	Female	4. RACE	White		5. DATE OF BIRTH 12 - 21-		AGE (In years st birthday) YRS.	MONTHS DAYS	HOURS MIN
and our	A INO		SIRTHPLACE (State or fareign	7b. CITIZEN OF	WHAT COUNTRY?	8. MARRIED	NEVER MARRIED	9. COUNTY OF DEA			
24 h	n papers thin 72 h	coul	"1110.	u.	, S. A.	WIDOWED [DIVORCED	Mari	tyome		M
within 24 hours after death	ban pa within		Bethesda.	9	NAME OF HOSPITAL OR I live street address)	uburt		JAL OCCUPATION (Kinnast of working life,		126. KIND OF E	BUSINESS OR
Oted	camperery filled may event, within the control of t	13a. adm	USUAL RESIDENCE (Where dec ssian) STATE Md.	eased lived it inst	titution: Residence before	Hyatts	" / '		AND NUMBER HIGH	iew Ter	Rface
De exe	remove in any ev	14.	ATHER'S NAME First	Middl	e BARA Last		MOTHER'S MAIDEN NAME	First	Middle	Rto	lost /F K/
PHYSICIAN: The law requires that the death certificate be executed to haspital or attending physician.	signed by the differential physician and control burial-transit permit. Then please remaindly crematian, ar remaval, and in any		WAS DECEASED EVER IN U.S. es, no, or unknown) (II yes g	ARMED FORCES? ve war or dates af service	16b. SOCIAL SECURITY	100. 17 IN	FORMANI W K, U	WILSON	SAME	AS#	= 13
cert .	her		10 CAUSE OF DEATH /Enter	anly one source						APPROXIM	ATE INTERVAL
₽	E T		18. CAUSE OF DEATH (Enter PART 1. DEATH WAS CAU	ISED BY:	a					BETWEEN ON	SET AND DEATH
ded	a mit		IMMI	DIATE CAUSE (a) _	Cirrhosis	, liver.	Laennec's,	advanced		40 Y	11 -1.
9	per		5/110		OR AS A CONSEQUENCE O	F					
± 4	sit		Canditions, if any, which gor rise to immediate cause (c	(b)_							
tha h	ren		stoting the underlying cau	1.	OR AS A CONSEQUENCE O						
es sicio	B =		last.	-) (c)							
phy	uri ori		PART 2. OTHER SIGNIFICANT	ONDITIONS CONTR	BUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL DISEASE OR	CONDITION GIVEN IN	PART 1(a)		
The law requires the aftending physician.	o o o			100	Mou	2	THE PERMITTER OF SERVICE OF	TOTAL STEEL IN	AKI I(u)		
widin	ar the	NO.	190. DATE OF OPERATION 1	A CONDITION FOR	WHICH OPERATION WAS P	EDECOMED	20a. AUTOPSY?	TOOL IT VIC	WEDE ENDINGS OF	DUCIDEDED IN CER	TIFICALO
Her	far use as the b	CERTIFICATION	A A	b. CONDITION TOK	A A	EKTOKMED		CALICES OF I	WERE FINDINGS CO		CHEYING
上 0 4	e se =	ERTI		W10 1	NY		YES 🔼 NO		1	10	
No le	de		21a. ACCIDENT WAS UNDERL		E OF INJURY M. Manth Day Yeo	21c. HOV	V INJURY OCCURRED (Ente	er nature of injury in	Part 1 or Part 2, 1	tem 18.)	
Die #	g 4 = 1	MEDICAL	(If either, natify medical exa		M.	19					
+	director, page 3 shauld be detached shauld be filed with the State Dept. of	ME	21d. INJURY OCCURRED While Nat while at work	le. PLACE OF INJUR	AT HOME, EARM, STREET, E OFFICE BUILDING, ETC.	ACTORY,) 21f. LOC	ATION Street ar R.F.D. No	o. City ar To	iwn	Caunty	State
OR ATTENDING be retained by the	tate			this haspital)	attended the deceas	sed fram	1131 , 191	69. to 312	. 19	Ga that	(1) (we) las
S S	e S e		22a. I certify that (I) (saw the deceased	alive an	3/36	19 6 G and	that in (my) (aur) ap	inian death occur	red on the da	te and haur a	nd fram th
Hie d	395		causes stated abo	ve, (I) (we) (di	id) (did nat) view the	bady after de	eath.				
A Per	5 € <u>₹</u>		22b. SIGNATURE.	1		m 8	ATTENDANG	45	226. [ATE SIGNED	
OR De r	e 3		2040	2 H	X 9 DIM	DEGREE	ATTENDING PHYS.	MED. DIRECTOR PH	K 0 3	13719	
O HOSPITAL Page 4 may	be fill		22d. PHYSICIAN'S NAME (Type)	X-42	H.LEVIN		22e. ADDRESS	سانود	الرجانة ا	125	
OSP 4	E de la	00	DUDIN CDEMATION	DATE	Too Trans	artheres.		Land	BCL	ucch	
H Gge	dire	230.	BURIAL, CREMATION, 23	b. DATE	OLO ZIC. NAME OF	CEMETERY OR C	KEMATORY 3	23d. LOCATION (C	ty or Tawn)	(County)	(State)
5- 5	2 "	1	DUKIKL	> - 47-1	969 ROCI	TURE	EXCEM	WASHI	VGTON,	DIC	
36	VR A15 (4) 45M - 1/69	24.	FUNERAL DIRECTOR	STOP C	ADDRES ADDRES	+ A / T	$\Lambda \Lambda \Lambda \Lambda$		2Sb. REGISTRAR'S	SIGNATURE	
	45M - 1/69	W	.W.CHANII	DENJ U	DO MIVER	DALE,	DAAPR	1 1969	Milan	as Judg	e:

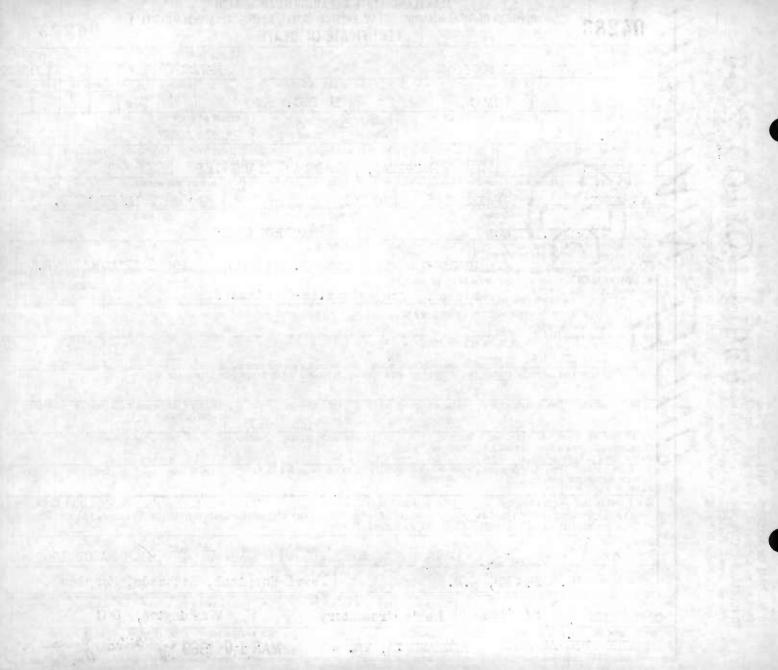


1 MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04272 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAMI Middle First 1ast 2a. DATE KNOWN DAT Month 2b. HOUR (Type or Print) Henry FSTI-PM3. Page JAMES WISER 3:05 DEATH MATED 0 delay land 2 with the State Department 3. SEX 4. RACE S. DATE OF BIRTH 6. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 2c. DATE PRONOUNCED DEAD 2d. HOUR pup HOURS Day Male White 7-22-97 3:061 76 CITIZEN OF WHAT COUNTRY? 7o. BIRTHPLACE (Stote or foreign MARRIED NEVER MARRIED 9 COUNTY OF DEATH Examiner's Office along with farm US Pa. WIDOWED [Montgomery Give Pages 1D. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done be executed within 24 hours after death 12b. KIND OF BUSINESS OR give street address) during most of working life, even if retired.) INDUSTRY Takoma Bark Wash . San . & Hosp . arnenter 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER 13a. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c, CITY OR TOWN 13b. COUNTY Mont. admission) STATE Md. in Item 18. T.P. YES NO 6806 Laurel St. after. 14. FATHER'S NAME First Middle 15. MOTHER'S MAIDEN NAME First Middle Last Nash Bartley Mary Harry hours pages 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Peters Funeral Home Gettysburg, Penn. (Yes, na, ar unknawn) 72 APPROXIMATE INTERVAL within 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN ONSET AND GEATH shauld be farwarded to the Chief Medical permit PART I. DEATH WAS CAUSED BY. Acute rt. cerenary thrombosis IMMEDIATE CAUSE (a)_ event DUE TO, OR AS A CONSEQUENCE OF burial-transit Canditians, if any, which gave rise ta immediate cause (a). certificate shauld writing the ward any DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) 0 OS remaval, used CERTIFICATION 19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? This the certificate, NO F pe ar 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) should MEDICAL PRIMARY OR CONTRIBUTING HOUR A.M. cremation, EXAMINER: CAUSE OF DEATH 21d INJURY OCCURRED 21e. PLACE OF INJURY (At hame, farm, street, 21f. LOCATION Street or R.F.D. No. City or Town County State factory, affice building, etc.) FUNERAL DIRECTOR: Page WHILE NOT WHILE TAT WORK please execute burial, 220. I certify that I took charge of the remains described obaye, held an Autopsy Inspection X Inquiry X and in my opinion directar. Undetermined manner deoth resulted from: Natural couses 2 Accident Suicide Hamicide CHIEF MEDICAL EXAMINER pridr ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER the funeral SIGNATURE May NAME (Type) 50 BURIAL CREMATION 23d. LOCATION (City or Town) (Caunty) (State) REMOVAL (Specify) Mercersburg Pairview Cemetery 2Sa. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE Ga. Hue. VR A15ME (5) 10M REV. 1/68

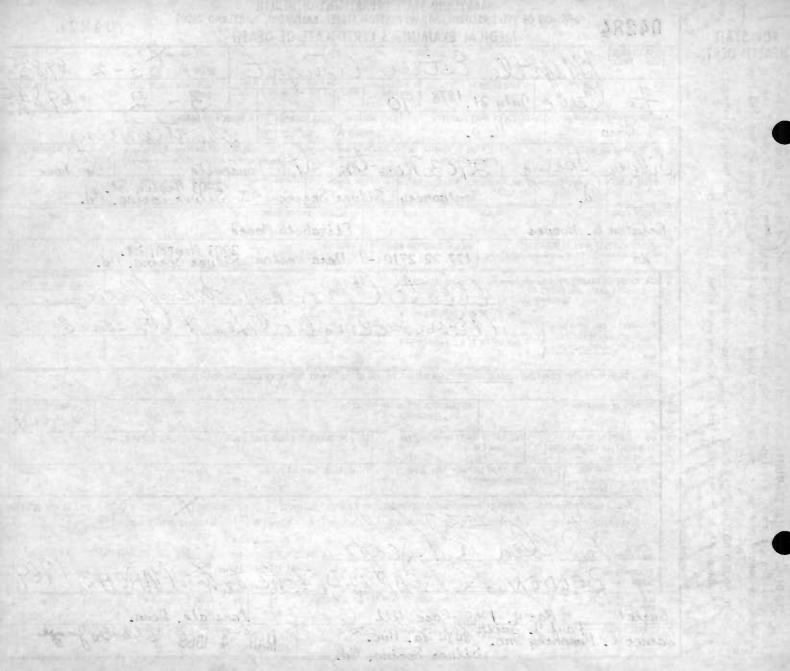
					The second secon	**
A A			uni	$\frac{1}{L^{T}} \gamma_{s} =$		
					162 to al	
V to contra						
	SET PRINT		ng ing			
Mr. Color		a yan	. 1	1860L 1979	.bil 1 24	
					Kinsh -	
County, Carolin	(19) more	Leaning Change	MA.			
4						
		AND THE		Store	- TO 10	
19 Erlevik						

MARYLAND STATE DEPARTMENT OF HEALTH

	251	Million to the		
			30.15	
		Ministration of the second	C. Productive of	C n
SPANSED STATE				
		The state of the s		
			2010 02 25	
THE SHAPE OF THE S				
Post State			ate it to the	
	and the same	en de Sala esta		
		35 min 100 mg		
				a see agree at
			rie el Centro	
				Billion Barrier
Lag diamenta			Now Car	
Tall 28 H Press				
	the Delit by the			
Pandaylva	Demoko .jA	95650.0		121/19



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 04284 04276 FOR STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH HEALTH DEPT. 1. DECEASED-NAME First 20. DATE KNOWN Day Year, deloy i. nd 3 to Page (Type or Print) OF ESTIof DEATH MATED Department 3. SEX S. DATE OF BIRTH AGE (In years 2c. DATE PRONOUNCED DEAD PM3. F MONTHS 1878 21 7a: BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH NEVER MARRIED 4 should be forwarded to the Chief Medical Examiner's Office along with farm Ohio (ountry) WIDOWED A Stote 8. Give Poges ID. CUTY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital) 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR during most of working life, even if retired.) the Own home with deoth. 130. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS' admission) STATE Md 13b. COUNTY Montbomery Silver Sprinta NO X 24 hours l and 2 after 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME Brinton B. Hoopes Elizabeth Moore hours pages 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 2903 Newtons St. Md. 16b. SOCIAL SECURITY NO. (Yes, no or unknown) (If yes give war or dates of service) Vera Weston 22 2710 0 APPROXIMATE INTERVAL within 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and for permit. BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) event DUE TO, OR AS A COMSEQUENCE OF buriol-transit Canditians, if any, which gave rise to immediate cause (a), ony certificote should writing the word OR AS A CONSEQUENCE OF stoting the underlying couse .= pup PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) O 050 removol, nsed CERTIFICATION 19q. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION 2D. AUTOPSY? WAS PERFORMED? the certificate. YES [pe 0 21g. EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) 3 should HOUR A.M. MEDICAL PRIMARY OR CONTRIBUTING cremotion. CAUSE OF DEATH 21d. INJURY OCCURRED 21e. PLACE OF INJURY (At home, form, street, 21f. LOCATION Street or R.F.D. No. City or Town State County factory, office building, etc.) WHILE NOT WHILE AT WORK Page burial, far 22a. I certify that I took charge of the remains described above, held on Autopsy Inspection ond in my opinion the funerol director. Natural couses Suicide death resulted from: Accident Hamicide Undefermined manner CHIEF MEDICAL EXAMINER ACTUAL 22b. DATE SIGNED ASSISTANT MEDICAL EXAMINER FUNERAL SIGNATURE -Heolth Mov NAME (Type) 50 230. BURIAL, CREMATION 23d. LOCATION (City or Town) (County) (State) REMOVAL (Specify) Burial Rose Hill Lansdale 1969 Penn. Paul VR A15ME (5) 10M REV. 1/68



3	1	04285 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201										
V -	Tt.	tem5 FilmGL10 3/13/69 kk - CERTIFICATE OF DEATH						04277				
~	_	ECEASED-NAME	First	Middle					04277			
death.		ype or print)	11131	Middle	7,	Lost	2a. DATE OF	Month Day	Year	2b. HOUR		
	3. 58		4. RACE	H	Jes	nke	1	raich 4	1969	VIAM		
nours after thours after hours after	3. 36	72 0	Wh.	4	5.	DATE OF BIRTH	-1 K 7 901	6. AGE (In years last birthday)	MONTHS DAYS	HOURS MIN		
by the Pages ours after	7- 1	1 emale				12/1	16 1894	74 YRS.				
4 5.54 5.04	cour	BIRTHPLACE (Stote or foreign				NEVER MARRIED	9. COUNTY OF	DEATH				
ed i	10.	(ANADIT	45	. V	WIDOWED			Dontyen	rery	Md		
be executed within 24 had no and campletely filled in e remove corbon papers.	10. 0	Bether	Les gives	ME OF HOSPITAL OR II	NSTITUTION (If not i			Kind of work dane fe, even if retired.)	12b. KIND OF B	USINESS OR		
e executed with and campletely remove corbon in any event, with	13o.	USUAL RESIDENCE (Where d	eceosed lived, if instituti	an: Residence before	13c. CITY OR TO	OWN 13d INSIDE CITY		EET AND NUMBER				
own own	ugmi	ssion) STATE md	13b. COUNTY	nont	Rocherie	lle YES X N	10 199	Kallins a	Lue -			
and compression of any ev	14. F	ATHER'S NAME First	Middle	Laidlaw	15. N	NOTHER'S MAIDEN NAME	First	Middle	4525	Lost		
e e e e	4	KOBER	- ×	NOCKE XXXXXXXX	ODEX	CLAR	An An	mington	100	2011		
ficate be fician of please il, and ii	160.	WAS DECEASED EVER IN U.S.	. ARMED FORCES?	16b. SOCIAL SECURITY		ORMANT	7029 S	tearn/sdreSt.				
ertificate by physician ten pleose ioval, and i	y	es na, ar unknown) (If ye	s give war or dates of service)	382-20-72	10 Rob	ert W. Zemk		g Beach, C				
PHYSICIAN: The low requires that the death certificate be exe e hospitol or attending physician. This certificate has been signed by the ottending physician and controlled for use os the burial-tronsit permit. Then please remo Dept. of Health prior to burial, cremation, or removal, and in any		18. CAUSE OF DEATH (Ent	er anly one cause per lir	e for (a). (b), and (c).)			2- 0 .	APPROXIMA	ITE INTERVAL		
at the death cer the ottending p nsit permit. The mation, or remo	19	PART I. DEATH WAS C	AUSED BY: MEDIATE CAUSE (a)	Carcin		LB revel	wet	actation	BETWEEN ONS	A AND OFATH		
de on other		1539		S A CONSEQUENCE OF	Y		700		2700	Ser.		
the cation attion		Canditians, if any, which g	love)	J A CONSEQUENCE OF		15-	liver		- 600			
n. yy th		rise to immediate cause stating the underlying co		S A CONSEQUENCE OF	:							
equires that th physician. signed by the burial-tronsit p		last.	(c)	o n consequence of					188			
equires physici signed burial- burial,		PART 2. OTHER SIGNIFICAN		ING TO DEATH BUT I	NOT RELATED TO THE	HE TERMINAL DISEASE OR	CONDITION GIVEN	IN PART 1(a)		100		
red s na s rob to b	-,							(),				
N: The low re or attending ote hos been r use os the salth prior to l	CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHI	CH OPERATION WAS P	ERFORMED	20a. AUTOPSY?	20b. IF 1	ES, WERE FINDINGS CO	ONSIDERED IN CER	TIEVING		
he atte	IFIC					YES NO T	CALISES	OF DEATH?	JUSTICE III CER	1471140		
IAN: Those of or at ficote he for use Health		21o. ACCIDENT WAS UNDE	RLYING 21b. TIME OF	INJURY	21c. HOW	INJURY OCCURRED (Ente	-	in Port 1 or Port 2 1	tem 18.)			
F He for	MEDICAL	OR CONTRIBUTING CAUSE O	OF DEATH HOUR A.M.	Manth Day Yea		mone occounts (Ellie	or marone or impury	iii ruii rui ruii 2, r	1611 10.7			
G PHYSICI the hospit this certif detoched ie Dept. of	MED	(If either, natify medical e. 21d. INJURY OCCURRED	21e. PLACE OF INJURY	AT HOME, FARM, STREET, FA	ACTORY, 1 21f LOCA	TION Street ar R.F.D. No	n City o	r Town	County	State		
PH his his of oc		While Nat while at work		OFFICE BUILDING, ETC.	7 211. 100	TION SHOOT GI K.I.D. IN	u. City C	1 TOWIT	County	Sidle		
DING by th (fter ti be de State			(this hospital) atto	nded the deces	ed from	2/12/7 10/	09 to	THE PRIME	SCN/that I	I) (malalast		
Aft d b		22a. I certify that (1) saw the decease	ed alive on	ARCH 3	19.6. I, and t	hat in (my) (our) op	inian death ac	curred on the da	te and hour a	nd from the		
ATTENI estained CTOR: A should ith the		causes stored of	pove, (1) (wet (did))	did nat) view the	bady after dec	ath.						
ECT S SH		22b. SIGNATURE	0	00	0	ATTENDING -	MED —	STAFF .	DATE SIGNED			
PITAL OF moy be RAL DIR poge be filed		Edwar	dwings	wyb &	DEGREE		MED. DIRECTOR	PHYS. 4	uch 4,1	969		
AL Pool Pool Pool Pool Pool Pool Pool Poo		22d. PHYSICIAN'S NAME (Type)	man	VINC	E/MD	22e. ADDRESS	- 11 -		Oil Da			
TO HOSPITAL OR ATTENDING PHYSICIAN: The low re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to		VV	WIND W	10040	Unall)	WASHING		ilic, wa	the Vici			
HC age FUI irrect thou	23a.	BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE		CEMETERY OR CRI	EMATORY		(City or Town)	(County)	(State)		
54 5 b 2	Cı	REMOVAL (Specify)	3/4/69	Cedar	Hill			George Co.				
VR A15 VR	Tys	on Wheeler H	Funeral Hom	e-1331 Ro	ckville	Pike 250. REC'D	BY REGISTRAR	25b. REGISTRAR'S	SIGNATURE	t as on .		
45M - 1/802				Rockvill	e.Md.	Pike DATE MA	1/ 1/ 1/ 1/3	69 Julis	The state of	All the same of th		

